

CONI Enrolment Form

Please complete the form below to register for the Care of Next Infant (CONI) programme. This form should be completed by the CONI Co-ordinator with the parent(s).

Local Co-ordinator ID*

Please enter a number from **10000** to **999999**.

If you don't remember your ID you can email the CONI team at coni@lullabytrust.org.uk

Health Visitor's details

Health Visitor's name

First

Last

Health Visitor's email address

Health Visitor's phone number

Employer

Parent's details

Where does the mother live?*

County:

What is the mother's postcode? (first part and first number e.g. EX39 3; HD1 4; W9 3; SG5 3)*

Baby's details

Expected date of delivery or Date of Birth

Birth weight

Please state in kilograms

Sex

- Male
- Female
- Sex not known

Additional information about the family

Status

Is there someone living in the same house who will be involved in caring for the infant?

- Yes
- No

Mother's number of previous pregnancies

Please enter a number from 0 to 20.

Mother's age at first live birth

Please enter a number from 10 to 75.

Mother's age now

Please enter a number from 10 to 75.

Is the mother a smoker

- Yes
- No
- Other (vaping/patches)

Is anyone else in the home a smoker?

- Yes
- No
- Other (vaping/patches)

Main language spoken by parents at home

Reason for providing CONI support

Are they bereaved parents of a baby?

- Yes, they both are
- Yes, the mother is
- Yes, the father is
- No

If yes, how many months old was the baby who died?

What gender was the baby who died?

- Male
- Female

Was this a sudden infant death?

- Yes
- No

If the parents haven't experienced the death of a baby, please provide the reason for their CONI support

Has there been a baby death in their close family (including siblings of the parents)?

- Yes
- No

Has either parent been supported on the CONI programme before?

- Yes
- No

Support methods chosen at time of registration (tick as many as apply)

- Enhanced safer sleep discussion
- Enhanced health visiting - listening visits
- Monitoring of weight
- Movement Monitor
- Baby check book or app
- Symptom diary
- Open access to medical support (GP/Hospital)
- Planned medical contact
- Room thermometer
- Making a plan to help your baby
- Basic life support training

At the end of the programme would you (the parents) be willing to answer some questions about your CONI experience?*

Yes

No

Are you happy to share this information with the CONI team?*

Yes

No

Date

You can change the way you hear from The Lullaby Trust at any time by emailing office@lullabytrust.org.uk or calling 020 7802 3200. Please also see our privacy policy on our website for how we collect, use and look after your information.