

## 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](mailto: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? (only first part needed)\*

0 of 5 max characters

## Baby's details

**Expected date of delivery or Date of Birth**

**Birth weight**

Please state in kilograms

**Gender**

- Male
- Female
- Not yet 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](mailto: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.