

CONI Enrolment Form

Please complete the form below to enrol a family 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 your number from **10000** to **999999**

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

Local Co-ordinator email*

Employer

Health Visitor's details

Health Visitor's full name

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 full postcode?

Baby's details

Expected date of delivery or

Date of birth

Or

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 baby?

- 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 50

Mother's age now

Please enter a number from 10 to 50

Is the mother a smoker

- Yes
- No
- Other (vaping/patches)

Is anyone else in the home a smoker?

- Yes
- No
- Other (vaping/patches)

Is English the mother's first language?

- Yes
- No

Main language spoken by parent(s) at home

Ethnicity of the mother (Please choose one option that the mother says best describes her ethnic group or background)

Please select

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean background

Other ethnic group

- Arab
- Any other ethnic group

Reason for providing CONI support

Are they bereaved parent(s) of a baby?

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

If yes, how old was the baby who died?

DAYS

WEEKS

MONTHS

What gender was the baby who died?

- Male

Female

Was this a sudden unexpected death in infancy (SUDI)? Includes neonatal death but excludes stillbirth and miscarriage

Yes

No

Was the cause of death sudden infant death syndrome (SIDS)?

Yes

No

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

ALTE/BRUE – This baby

ALTE/BRUE – Close family e.g. sibling of this baby/parental sibling/parental niece or nephew

APNOEA – This baby

APNOEA – Previous baby

UNWELL – This baby e.g. medical condition

STILLBIRTH – Previous baby

MISCARRIAGE – Previous baby

SUDI – Close family e.g. parental sibling/niece or nephew

SUDI – Extended family/friends e.g. parental cousin/parental aunt or uncle

UNKOWN

OTHER – Please describe

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 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 parent(s)) be willing to answer some questions about your CONI experience?*

- Yes
- No

Are you (the parent(s)) 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.