



REFERRAL FORM

FOR CHILD/FAMILY SUPERVISED CONTACT

Wherever possible this form needs to be agreed by both parties' solicitors and any other professionals involved with the family. Contact cannot begin until this form has been completed and accepted by the Centre Manager.
All information will be treated in strict confidence.

1. Referrer

Date:

Name:	Profession:
Address	
Post Code:	
Telephone:	Email
Name & Email Address for invoices	

2. Child(ren)

Name(s)	Ethnicity	Date of Birth	Gender

3. Adult with whom the child(ren) reside

Name:	
Relationship to child(ren)	
Address:	
Postcode:	Telephone:

4. Adult requesting contact

Name:	
Relationship to child(ren):	
Does this person have legal parental responsibility? (Please delete as appropriate) Yes No	
Length of time since they met the child(ren)	
Length of time since they lived with the child(ren)	
Address	
Postcode:	Telephone:
Solicitor's name:	
Name of practice:	
Address:	
Postcode:	Telephone:
Email:	

5. Expectations of contact or services required by referrer:

<p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p>	
---	--

6. Court Orders etc.

Is there a court order relating to the contact?	Yes	No
If Yes', Please either send a copy or indicate what it specifies		
What other court orders have been made in relation to the child(ren) and when?		
Is there an allocated CAFCASS Officer? (please circle)	Yes	No
If 'Yes' please give details: Name:		
Address of CAFCASS office:		
Postcode:	Telephone:	
If there is no contact order, have the parents and social worker agreed that the child can be taken out of the Centre? (please delete as appropriate)		
		Yes No
if yes please underline possible places; <i>local library, leisure centre, restaurant, park, shops,</i>		
What is the next court date (if any)?		

7. Arrival at the Child/Family Contact Centre

<u>Date of first contact</u>	<u>Day/ Frequency of contact</u>	<u>Time Slot for contact</u>	Are the parents willing to meet?
<u>Contact review date:</u>	Weekly? Daily? Fortnightly? Every other Day? Weekends? Community?	10.15am -12pm. 12.15 – 1.45pm 2 – 3.45pm 4 - 6pm, 6.15 - 8pm.	
Will the adult with whom the child(ren) reside be bringing and collecting them from the Centre? Please delete YES / NO		Other people allowed to participate in contact at the Centre:	
If "NO" Name of escort.....		Name(s) 1	
Car Reg. No		2.....	
		3.....	
		Relation to Child	

8. Information Relating to Safety of the Child. (An application will not be considered unless these Risk Assessment questions have been answered.)

a. Are there or have there been sexual/child abuse allegations made in this family? (please delete as appropriate). If 'Yes', details must be given	Yes No
b. Is this family known to Social Services? (please delete as appropriate) If 'Yes', details must be given	Yes No

c. Has any person who will be involved in the contact ever been convicted of any offence against a child? If 'Yes', give details Yes No

d. Has there been or is there likely to be a risk of abduction? Yes No

e. Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party, their respective families or the children.

9. Health & Medical Requirements

a. Do any of the children have any illness, allergy, disability, special needs or medical requirements? Yes No

If 'Yes', please give details

b. Do any of the adults involved suffer from long-term physical/mental illness or a disability? If 'Yes', please give details Yes No

10. Additional information

a. What language is spoken at home?

b. Is an interpreter required? (Please circle) Yes No

If 'Yes', please give details of the interpreter to be used (include name and organisation)

c. Does either parent wish to make a pre-visit? The Contact Centre can arrange this if we have the parents' telephone numbers

Yes No

d. Has this family ever used another Child Contact Centre? Yes No

If 'Yes', please state the Centre

e. Additional background information (Please use a separate sheet if necessary).

f. Personal request for contact supervision places liability on the referrer or adult attending. Payments guarantee a session via confirmation/signed letter.

- The contents of this form have been agreed by both parents or their representatives.

- I have explained the rules of the Child/Family Contact Centre to my client and given them a copy of the Centre's "Leaflet"

- I have also given a copy of the "Leaflet" to the other parent's representative.

Signed

Date