

Referral Form for ARC Child Contact & Emotional Support Service

60 Castle St. Irvinestown
 Co Fermanagh BT941EE
 07849366092
 02868621970
 Email: access@archlc.co



OPENING TIMES -Wednesday 5.30 - 7.30p.m. Saturday 10a.m.- 1.00 p.m.

Wherever possible this form needs to be seen and completed by both parties' solicitors and any other professionals involved with the family. Contact cannot commence until this form has been completed in full and received by the Centre Coordinator. **If the form is not completed in full it will be returned and will result in a delay in the commencement of contact.** All information will be treated in the strictest confidence.

Please print clearly

Office use only	
Referral received	
Date of pre-visit	
Date of first contact	
Dates reviewed	
Contact ended	

1. Children			
Name(s)	Age	Date of birth	Boy (B), Girl (G)
Does the child/children know why they are coming to a contact centre and who they will be meeting? e.g. Daddy/Mummy/Granny/Grandad - <p style="text-align: center;">Yes / No</p> If not, what preparation is in place to help him/her understand the situation?			

2. Adult requesting contact

Name:		D.O. B
Relationship to child(ren):		
Does this person have legal parental responsibility? (please circle)		Yes No
Length of time since:	a) They met children	
	b) They lived with children	
Address:		
Postcode:	Telephone:	
Email address:		
Emergency Contact Person Details:		
Solicitor's name:		Solicitor's ref:
Name of practice:		
Address:		
Postcode:		
Email:	Telephone:	
3. Adult with whom the child(ren) resides		
Name:		D.O.B.
Relationship to child(ren):		
Address:		
Postcode:	Telephone:	
Email:		
Emergency Contact Person Details:		Tel:
Solicitor's name:		Solicitor's ref
Name of practice:		
Address:		
Postcode:		
Email:	Telephone:	
4. Referrer		
Name:		Profession:
Address:		
Postcode:		

Email:	Telephone:
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5. Court Children's Officer/Social Worker, Contact Orders & Contact

a. Is there an allocated Court Children's Officer / Social Worker? (please circle) Yes No

If 'Yes', please give details: Name:

Name of Social Services office:

Address:

Postcode:	Telephone:
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b. When and where did contact last take place?

c. Is there a court order relating to the contact? (please circle) Yes No

If 'Yes', please send a copy:

d. Have any other court orders been made in relation to the child(ren)?

Please attach/forward a copy:

e. Can the child(ren) be taken out of the Centre? (please circle) Yes No

f. What is the next court date (if any)?

6. Arrival at the Child Contact Centre

a. Are the parents willing to meet? (please circle) Yes No

b. Will the adult with whom the child(ren) resides be bringing them to and collecting them from the Centre? (please circle) Yes No

If 'No', who will be bringing / collecting the child(ren)?

c. Is there any reason why presents cannot be given to the children? Yes No

d. Does any court order exist restricting the taking of photographs? Yes No

N.B. Photographs can be taken of the child(ren) in line with our photographic policy (attached) unless a court order prohibits this. Videos/recordings are not permitted.

e. What is the preferred date of first contact at the centre?

N.B. Contact cannot commence until both clients have completed the pre-visit interviews/agreement form.

f. How frequently will contact take place?

g. How long will the visit last?

h. Names of other people allowed to participate in contact at the Centre:

Name	Relationship to child

7. Information Relating to Safety of the Child

a. Are there or have there been sexual / child abuse allegations made in this family? (please circle). If 'Yes', please give details (over page)	Yes	No
b. Is this family known to Social Services? (please circle) If 'Yes', please give details (over page)	Yes	No
c. Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)? (please circle)	Yes	No
If 'Yes', please give details		
d. Has there been or is there likely to be a risk of abduction? (please circle)	Yes	No
If 'Yes', are procedures in place for holding passports, etc. (please circle)		
Yes		
No		
e. Are there any other details of any allegations, undertakings, injunctions or convictions relating to violence involving either client, their respective families or the children?		
N.B. The Coordinator will assess the suitability of a referral for a supported contact centre, subject to a risk assessment. Failure to disclose any information pertaining to these matters will result in a referral not being accepted or contact being stopped.		
8. Health & Medical Requirements		
a. Do any of the children have any illness, allergy, impairment, special needs or medical requirements? (please circle) If 'Yes', please give details	Yes	No
b. Do any of the adults involved suffer from long-term physical / mental illness or an impairment? (please circle) If 'Yes', please give details	Yes	No
c. Do any of the adults involved have any drug/alcohol addictions?	Yes	No
d. If Yes please give details.		
9. 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 if any)		
c. Has this family ever used another Child Contact Centre?	Yes	No

If 'Yes, please give details (this Centre may be contacted).

N.B. Failure to disclose this information will result in a referral not being accepted or contact being stopped.

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

I have explained the rules of the Child Contact Centre to my client and given them a copy of the Centre's leaflet / guidelines. This form has been completed accurately and to the best of my knowledge.

Signed:

Date:

N.B. Only dates and times of families attendance will be disclosed unless it is felt that anyone using the Child Contact Centre or a volunteer / staff member is at risk of harm.

Please return this form to: The Coordinator, Arc Child Contact & Emotional Support Service, Address or by email to: access@archlc.com