



CLOONA CHILD CONTACT SERVICE AND FAMILY SUPPORT SERVICES

Referral Form for Supported Contact

Contact cannot commence until this form has been completed in full and Assessment Interview completed by the Centre.

All information will be treated in the strictest confidence.

For Office use only		For Office use only
Referral received:		Date of first review:
Date of first contact:		Dates reviewed:
Contact ended:		Next court date:

1. Referrer

Name:		Profession:	
Address:			Postcode:
E-mail			
Contact ended:		Telephone No:	

2. Child(ren)

Name(s):	Date of Birth:	Age:	Male or Female
dfgg			

3. Adult with whom the child(ren) reside:

Name:			
Relationship to child(ren):			
Address:			
Postcode:		Telephone No:	
Solicitors Name:			
Name of Practice:			
Address:			
		Postcode:	
E-mail:		Telephone No:	

4. Adult requesting contact:

Name:			
Relationship to child(ren):			
Does the child know the person they are going to see at contact?			
Does this person have legal responsibility? (please tick)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			Postcode:
Telephone No:			
Solicitors Name:			
Name of Practice:			
Address:			
		Postcode:	
E-mail		Telephone No:	

5. Contact Orders and Contact:

a) Is there an allocated Social Worker or Court Welfare Officer? (Please tick)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" please give details:	Name:		
Social Services Office:			
Address:			Postcode:
e-mail		Telephone No:	
b) When and where did contact last take place?			
c) Is there a court order in relation to the contact? (Please tick)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" please attach a copy			
d) What other Court Orders have been made in relation to the child(ren) and when?			
e) If there is no contact order, have the parents agreed that the child can be taken out of the Centre? (Please tick)			<input type="checkbox"/> Yes <input type="checkbox"/> 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 tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Will the adult with whom the child(ren) reside be bringing them to, and collecting them from the Centre? (Please tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "NO" who will be bringing/collecting the child(ren)?		
c) What is the preferred date of first contact at the Centre?		
d) How frequently will contact take place?		
e) How long will each visit last?		
f) Name(s) of other people allowed to participate in contact at the Centre:		

7. Information relating to the safety of the child:

a) Are there or have there been sexual/child abuse allegations made in this family? (Please tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES" please give details:		
b) Is this family known to Social Services? (Please tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES" please give details:		
c) Has any person who will be involved in the contact ever been convicted of an offence against a child(ren) or have any outstanding criminal proceedings? (Please tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES" please give details:		
d) Has there been or is there likely to be a risk of abduction? (Please tick)	Yes	No

8. Health and medical Requirements:

a) Do any of the children have specific needs or medical requirements? (Please tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES" please give details:		
b) Please give details of any allegations, undertakings or convictions relating to violence involving either party, their respective families or the child(ren)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

c) Do any of the adults involved suffer from long-term physical/mental illness or a disability? (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" please give details:	
9. Social Media	
a) Have you informed your client of Cloona Contact Centre's Protocol on Social Media	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Additional Information	
a) Does the Court Order specify contact adult cannot take photos of the child/children? (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Can the contact adult bring presents for the child/children? (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) What language is spoken at home?	
d) Is an Interpreter required? (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" please give details of the interpreter to be used (include name and organisation if any)	
e) Has this family ever used another Child Contact Centre? (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" please give details (this centre may be contacted)	
f) Additional background information (use a separate sheet if necessary).	
Please return this form to Tina Gregory, Cloona Child Contact Centre, 124 Stewartstown Road, Belfast BT11 9JQ. Tel 07887391607 E-mail: cloonachildcontactservices@gmail.com	

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: _____

NB Only dates and times of family 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 note there is a fee for attendance report.**