** Referral Form – Child Contact Centres**

# Please state which centre…………………………….

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| **Office use only Ref No:** |
| Referral received |  |
| Assessment resident adult |  |
| Assessment contact adult |  |
| Date of pre-visit |  |
| Date of first contact |  |
| Dates reviewed |  |
| Contact ended |  |

**This form requires to be seen and completed by both parties’ solicitors and any other professionals involved with the family.**

In order to make the children’s visits safe, beneficial & enjoyable, contact cannot commence until this form has been completed in full and received by the Centre Coordinator, and separate pre-contact assessment meetings attended.

**If the form is not completed it will be returned and will result in a delay in contact.**

All information will be treated in the strictest confidence.

**Please print clearly**

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| --- |
| **1. Children** |
| Name(s) | Age | Date of birth | Boy(B),Girl(G) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Do(es) the child(ren) know why they are coming to a contact centre and whom they will be meeting? **Yes/No** |
| If not, what preparation is in place to help them understand the situation? |
| **2. Adult requesting contact** |
| Name: |
| Relationship to child(ren): |
| Does this person have legal parental responsibility? (please circle) **Yes No** |
| Length of time since: | a) They met child(ren) |
|  | b) They lived with child(ren) |
| Address/Postcode: |
| **Client’s Email:** | **Client’s Mobile number:** |
| Solicitor’s name: | Solicitor’s ref: |  |
| Name of practice: |
| Address/Postcode: |
| Email: | Telephone: |
| **3. Adult with whom the child(ren) resides** |
| Name: |
| Relationship to child(ren): |
| Address/Postcode: |
| **Client’s Email:** | **Client’s Mobile number:** |
| Solicitor’s name: | Solicitor’s ref |  |
| Name of practice: |
| Address/Postcode: |
| Email: | Telephone: |
| **4. Referrer**  |
| Name: | Profession: |
| Address: |
| Postcode: |
| Email: | Telephone: |
| **5. Court Welfare Officer/Social Worker, Contact Orders & Contact** |
| 1. Is there an allocated Court Welfare Officer/ Social Worker? (please circle) **Yes No**
 |
| If ‘Yes’, please give details: Name: |
| Name of Social Services office: |
| Address: |
| Postcode: | Telephone: |
| 1. When and where did contact last take place?
 |
| 1. Are proceedings in the Family Courts? **Yes No**

**If ‘Yes’, what is the next court date?**  |
| 1. Is there a court order relating to the contact? (please circle) **Yes No**

**If ‘Yes’, please send a copy. Please consult with the Centre if a Final Order is in place/ under consideration.** |
| 1. Have any other court orders been made in relation to the child(ren)? (Please circle) **Yes No** **If ‘Yes’, please attach a copy**
 |
| 1. Can the child(ren) be taken out of the Centre? (please circle) **Yes No**
 |
| **6. Arrival at the Child Contact Centre** |
| 1. Are the parents willing to meet? (please circle) **Yes No**
 |
| 1. Will the adult with whom the child(ren) reside be bringing them to and collecting them from the Centre? (please circle) **Yes No**

**If ‘No’**, who will be bringing / collecting the child(ren)? NB Under no circumstances will the Centre accept unaccompanied children for contact. .  |
| 1. Is there any reason why presents cannot be given to the children? **Yes No**
 |
| 1. Does any court order exist restricting the taking of photographs? **Yes No**

**NB** 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**  |
| 1. What is the preferred date of first contact at the Centre?

**Note: Contact will commence at earliest two weeks (waiting list depending)** after receipt of a completed referral form as **Contact Assessment Meetings must be attended** prior to contact starting. **We cannot confirm the referral will be accepted until our assessment is completed.****The centre will offer a maximum of two pre contact assessment meetings. If not attended the referral will be closed, unless there are exceptional mitigating circumstances.**  |
| 1. How frequently will contact take place?
 |
| 1. How long will each visit last?
 |
| 1. Names of other people allowed to participate in contact at the Centre:

**Please note any other parties using the centre are subject to the same agreements regarding contact, policies/procedures and appropriate use of the Centre.**  |
| Name | Relationship to child(ren) |
|  |  |
|  |  |
| **7. Information Relating to Safety of the Child & Contact Centre** |
| 1. Are there or have there been sexual/child abuse allegations made in this family? **Yes No**

(please circle). If ‘Yes’, please give details |
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| --- |
| b. Does this family have any current involvement with Social Services? (please circle) **Yes 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/ children? (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. Has any person who will be involved in the contact ever been convicted of any criminal offence?(please circle) **Yes No** |
| If ‘Yes’, please give details: |
| 1. Are there any other details of any allegations, undertakings, injunctions relating to violence against anyone? (please circle) **Yes No**

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| If ‘Yes’, please give details: |
| **8. Health & Medical Requirements** |
| a. Do any of the children have any illness, allergy, behavioural issues, special needs or medical requirements? (please circle**) Yes No**  |
| If ‘Yes’, please give details: |
| b. Do any of the adults involved suffer from long-term physical / mental illness or impairment? (please circle)  **Yes No**  |
| If ‘Yes’, please give details: |
| 1. Do any of the adults involved suffer from any drug/alcohol addictions? (please circle)

 **Yes No** |
| If ‘Yes’, please give details: |

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|  Is a Hair Follicle Test required before contact can progress out of the centre? **Yes No**  If ‘Yes’, has this been applied for? **Yes** **No**Please indicate proposed timescale to complete HFT.**Please note that following the failure of two or more HFT's the centre reserves the right to terminate contact.** |
| **9. Additional Information** |
| 1. What language is spoken at home?
 |
| 1. If an interpreter is required, please advise the centre of the arrangements

(include name and organisation) |
| 1. Has this family ever used another Child Contact Centre? Yes No

If ‘Yes, please give details**Please note that failure to disclose this information may result in a referral not being accepted, or contact being terminated.** |
| 1. Is there an expectation as to how long parents may need to use the centre? (please circle)

**Yes No**Please provide details :  |
| 1. Is there an agreed exit strategy? (please circle)  **Yes. No**

Please provide details: |
| 1. Additional background information (Please use a separate sheet if necessary). Please include any allegations being made in relation to the domestic abuse or child protection.
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**I have explained the rules of the Child Contact Centre to my client an given them a copy of the Centre’s leaflet /guidelines. This form has been completed accurately and to the best of my knowledge.**

**I acknowledge that if during the attendance to the contact centre a change in circumstances occurs whereby my client has pending criminal proceedings or conviction, I will notify the centre immediately.**

Signed: ……………………………………..

Date: ………………………………………

Please return this form to the relevant Child Contact Centre.