|  |
| --- |
| **Office Use Only** |
| Court Order |  |
| Date Referral Received |  |
| Interpreter Booked |  |
| Pre-Visit |  |
| 1st Family Time Date |  |
| Date Reviewed: |  |
| Family Time End Date  |  |

|  |
| --- |
| **Please complete all sections in full including the risk assessment.** **Note: Incomplete forms will be returned.** Please ensure the referral is agreed with both parents/carers and complies with any court-ordered instructions. Contact cannot commence until this form has been completed in full and received by the Centre Coordinator, along with the referral fee and all relevant legal documents. **All sections of the form must be completed.****All parties must sign** that they agree to the terms and conditions on the use of the centre. **All details will be dealt with in strict confidence unless we have written authority to release.****Please let us know if you are a wheelchair user. Our building is currently not wheelchair accessible and alternate arrangements will need to be made for contact to commence.** |



Referral Form

|  |
| --- |
| 1. **Referrer (Parent/Non-Resident Parent/ Carer/Professional)**
 |
| Name: |
| Address: |
| Postcode: | Telephone: |
| Email: |
| 1. **Child(ren)**
 |
| Name(s) | Date of Birth | Sex | Ethnicity | Who has Parental Responsibility? |
|  |  | Male/Female |  | Mother/Father/Other |
|  |  | Male/Female |  | Mother/Father/Other |
|  |  | Male/Female |  | Mother/Father/Other |
|  |  | Male/Female |  | Mother/Father/Other |
|  |  | Male/Female |  | Mother/Father/Other |
|  |  | Male/Female |  | Mother/Father/Other |
| **Phone Number for Emergencies** |  |  |
|  |  |  |
| 1. **Adult with whom the child(ren) reside**
 |
| Name: |
| Relationship to child(ren): (please circle) Mother/Father/Other |
| Ethnicity: |
| Address: |
| Postcode: | Telephone: |
| Solicitors Name: | Solicitor’s Ref: |
| Name of Practice: |
| Address: |
| Postcode: | Telephone: |
| 1. **Adult Requesting Contact**
 |
| Name: |
| Relationship to child(ren): |
| Does this person have parental responsibility (please circle) Yes No |
| Ethnicity:  |
| Length of time since: | 1. You/They met children
2. You/They lived with children
 |
| Address: |
| Postcode | Telephone:  |
| Solicitors Name: | Solicitors reference: |
| Name of Practice: |
| Address: |
| Postcode: | Telephone: |
| 1. **Type of Contact (please tick which of the following you would like the centre to provide)**
 |
| Supported Contact |  |
| Supervised Contact **(observed, recorded and report)** |  |
| 1. **Do you object to contact taking place in the community? (please circle) Yes No**
 |
| If ‘Yes’, please set out your reasons why below: |
| 1. **CAFCASS, Local Authority, Contact Orders & Contact**
 |
| 1. Is there an allocated CAFCASS Officer or Local Authority? (please circle) Yes No
 |
| If ‘Yes’, please give details:Name:Address:Telephone:  |
| 1. When and where did contact last take place?
 |
| 1. Is there a court order relating to the contact? (please circle) Yes No

(**If ‘Yes’, please provide a copy indicating what it specifies)** |
| 1. Are there any other court orders which have been made in relation to child(ren)?

(please circle) Yes No(**If ‘Yes’, please provide a copy indicating what it specifies)** |
|  |
| 1. When is the next court date (if any?)
 |
| 1. **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)?** |
| 1. What is the preferred date of first contact at the Centre?
 |
| 1. How frequently would you like contact to take place?
 |
| 1. **Information Relating to the Safety of the Child**
 |
| 1. Are there or have there been sexual/child abuse allegations made in this family? (please circle) Yes No

**If ‘Yes’, please give details** |
| 1. If yes, have these allegations been determined by the Court? (please circle) Yes No

**If ‘Yes’, please give details of the outcome** |
| 1. 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**  |
| 1. Has there been or is there likely to be risk of abduction? (please circle) Yes No

**If ‘Yes’, are procedures in place for holding passports etc.**  |
| 1. Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party their respective families or the children.
 |
| 1. **Health & Medical Requirements**
 |
| 1. Do any of the child(ren) have any illnesses, allergies, disabilities, special needs, medical requirements? (please circle) Yes No

**If ‘Yes’, please give details**  |
| 1. Do any of the adult/s have any illnesses, allergies, disabilities, special needs, medical requirements? (please circle) Yes No

**If ‘Yes’, please give details**  |
| 1. **Additional Information**
 |
| 1. What language is spoken at home?
 |
| 1. 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)** |
| 1. Has the family ever used another child contact centre? (please circle) Yes No
 |
| 1. Additional background information **(please use a separate sheet if necessary)**
 |
| 1. **How Did You Hear About Us? (Please circle)**
 |
| * Advertisement
* Recommended by Friend of Colleague
* Recommended by Professional
* Social Media (Facebook/ Instagram)
* Word of Mouth
* Other (please specify)
 |
| 1. **Confidentiality**
 |
| Can either party’s contact details be released to the other party? (please circle) Yes No |
| **Parent Declaration** |
| I have read the rules of the Time Together Child Contact Centre and been given a copy of the Centre’s leaflet/guidelines. This form has been completed accurately and to the best of my knowledge. Name: ……………………………………………………Signed: ……………………………………………………Dated: ……………………………………………………. |
| **Parent Declaration** |
| I have read the rules of the Time Together Child Contact Centre and been given a copy of the Centre’s leaflet/guidelines. This form has been completed accurately and to the best of my knowledge. Name: ……………………………………………………Signed: ……………………………………………………Dated: ……………………………………………………. |
| **Professional Declaration** |
| I have explained the rules of the Time Together 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. Name: ……………………………………………………Signed: ……………………………………………………Dated: ……………………………………………………. |
| **Please return this completed form to the Centre Co-ordinator.****Note: Only dates and times of families’ attendance will be disclosed unless it is felt that anyone using the Time Together Child Contact Centre or a volunteer is at risk of harm** |