|  |  |
| --- | --- |
| **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** | | | | | | | |