Referral form (for those centres not involved in the safe referral system)

Name of Child Contact Centre:

Referral Form (STANDARD for Supported Contact)

Name:

Wherever possible this form needs to be seen and completed by both parties' solicitors and any other professionals involved with the family.		Office use only					
		Referral received					
Contact cannot commence until	this form has been			•			
completed in full and received b Coordinator.		Date of pre-visit Date of first contact					
All information will be treated in confidence.	the strictest	Dates reviewed					
Please print clearly		Contact ended					
		Contact ended					
1. Children							
Name(s)			Age	Date	of	Boy (B),	
(3)			Age	birth		Girl (G)	
2. Adult requesting contact							
Name:							
Relationship to child(ren):							
Does this person have legal par	Does this person have legal parental responsibility? (please circle) Yes No					es No	
Length of time since:	a) They met children						
	b) They lived with child	dren					
Address:	1						
Postcode:		Telephone:					
Solicitor's name:		Solicitor's ref:					
Name of practice:						l	
Address:							
Postcode:							
Email:		Telephone	e:				
3. Adult with whom the child(en) reside	•					

Relationship to child(ren):				
Address:				
Postcode:	Telephone:	Telephone:		
Solicitor's name:		Solicitor's ref		
Name of practice:		1		
Address:				
Postcode:				
Email:	Telephone:			
4. Referrer				
Name:	Profession:			
Address:				
Postcode:				
Email:	Telephone:			
5. Social Welfare Officer/Social Worker, Contact Orde	rs & Contact			
a. Is there an allocated Court Welfare Officer/ Social Work	ker? (please cir	cle)	Yes	No
If 'Yes', please give details: Name:				
Name of Social Services office:				
Address:				
Postcode:	Telephone:			
b. When and where did contact last take place?				
c. Is there a Court Order in place? (please circle)			Yes	No
If 'Yes', please either send a copy or indicate what it spec	rifies.			
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) 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)?				
c. What is the preferred date of first contact at the	e Centre?			
d. How frequently will contact take place?				
e. For how long will each visit last?				
f. 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) 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) 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 passp	ports, etc. (please circle)	Yes	No	
e. Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party, their respective families or the children.				
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
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 organisa	ition if a	ny)
c. Has this family ever used another Child Contact Centre? (please Yes circle)		No
If 'Yes, please give details (this Centre may be contacted).		
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 to of the Centre's leaflet / guidelines. This form has been completed accurately a 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: Bill Sheridan, Coordinator, Baccs, Broughshane House, 70 Main Street, Broughshane BT42 4JW or email to contact@baccs.org.uk