

Referral Form for Supported Contact : Professional Use

Name of Child Contact Centre:...**Hall Green or North Solihull**
 (Please indicate preferred Centre)



1. Children			
Name(s)	Age	Date of birth	Boy / Girl
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 children		
	b) They lived with children		
Address:			
E-Mail:		Telephone:	
Solicitor's name:		Solicitor's ref:	
Name of practice:			
Address:			
E-Mail:		Telephone:	
3. Adult with whom the child(ren) reside			
Name:			
Relationship to child(ren):			
Address:			
E-Mail:		Telephone:	
Solicitor's name:		Solicitor's ref	
Name of practice:			

Address:		
E-Mail:		Telephone:
4. Referrer		
Name:		Profession:
Address:		
E-Mail:		Telephone:
5. CAFCASS, Contact Orders & Contact		
Is there an allocated CAFCASS officer? (please circle)		Yes No
If 'Yes', please give details: Name:		
Name of CAFCASS office:		
Address:		
E-Mail:		Telephone:
When and where did contact last take place?		
Is there a Court Order or Child Arrangement Programme in place?		Yes No
If 'Yes', please either send a copy or indicate what it specifies.		
Can the child(ren) be taken out of the Centre? (please circle)		Yes No
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 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		
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
Is this family known to Social Services? (please circle) If 'Yes', please give details (over page)	Yes	No
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		
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
Please give details of any allegations, undertakings, injunctions or convictions relating to abuse involving either party, their respective families or the children.		
8. Health & Medical Requirements		
Do any of the children have any illness, allergy, impairment, special needs or medical requirements? (please circle) If 'Yes', please give details	Yes	No

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		
What language is spoken at home?		
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)		
Has this family ever used another Child Contact Centre?	Yes	No
If 'Yes, please give details (this Centre may be contacted).		
Additional background information (Please use a separate sheet if necessary).		

I have drawn the parent's/carer's attention to the centre's information leaflet and privacy statement on the website.

Signed: Date:

Please return this form to: Hall Green and North Solihull Child Contact Centres, 93b School Road, Hall Green, B28 8JQ or Email to hqcccc.coordinator@gmail.com

Telephone 0121-777-9873.

