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**STANDARD Referral Form (Standard for Supported Contact)**

Name of Child Contact Centre Gainsborough  Grantham  Lincoln  Newark

Skegness  Spalding  Peterborough  Nottingham  Retford  Leicester

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| Wherever possible this form needs to be seen and completed by both parties’ solicitors and any  other professionals involved with the family.  Contact cannot commence until this form has been completed in full and received by the Centre Coordinator.  All information will be treated in the strictest of confidence.  **Please ensure ALL relevant sections are completed, omissions may delay contact or could cause contact to be cancelled**.  **Please print clearly.** | **Office use only** | |
| Referral received |  |
| Date of pre-visit |  |
| Date of first contact |  |
| Dates reviewed |  |
| Contact ended |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **1 Children** | | | | | | |
| Name(s) | | | Age | Date of birth | | Boy (B), Girl (G) |
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| **2 Adult requesting contact** | | | | | | |
| Name: | | | | | | |
| Relationship to child(ren): | | | | | | |
| Does this person have legal parental responsibility? Yes  No | | | | | | |
| Length of time since: | a) They met children | | | | | |
| b) They lived with children | | | | | |
| Address: | | | | | | |
|  | | | | | | |
| Postcode: | | Telephone: | | | | |
| Solicitors name: | | | | | Solicitor’s ref: | |
| Name of practice: | | | | | | |
| Address: | | | | | | |
|  | | | | | | |
| Postcode | | | | | | |
| Email: | | Telephone: | | | | |
| **3 Adult with whom the child(ren) reside** | | | | | | |
| Name: | | | | | | |
| Relationship to child(ren): | | | | | | |

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| --- | --- | --- |
| Address: | | |
|  | | |
| Postcode: | Telephone: | |
| Solicitors name: | | Solicitor’s ref: |
| Name of practice: | | |
| Address: | | |
|  | | |
| Postcode | | |
| Email: | Telephone: | |
| **4 Referrer:** | | |
| Name: | Profession: | |
| Address: | | |
|  | | |
| Email: | Telephone: | |
| **5 CAFCASS, Contact Orders and Contact** | | |
| a has there been any CAFCASS involvement? Yes  No | | |
| b Is there an allocated CAFCASS officer? Yes  No | | |
| If ‘yes’ please give details. Name: | | |
| Name of CAFCASS office: | | |
| Address: | | |
|  | | |
| Postcode: | Telephone: | |
| c When and where did contact last take place? | | |
| d Is there a court order relating to the contact? Yes  No | | |
| If ‘yes’ please either send a copy or indicate what it specifies: | | |
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| e What other court orders have been made in relation to the child(ren) and when? | | |
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| f Can the child(dren) be taken out of the centre? Yes  No | | |
| g What is the next court date (if any)? | | |

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| **6 Arrival at the Child Contact Centre** |
| a Are the parents willing to meet? Yes  No |
| b Will the adult with whom the child(ren) reside be bringing them to and collecting them  from the centre? Yes  No |
| c What is the preferred date of first contact at the Centre? |
| d How frequently will contact take place (maximum frequency is once a fortnight)? |
| e For how long will each visit last (maximum session is 1.5 hours)? |
| **7 Information Relating to Safety of the Child** |
| a Are there or have there been sexual/child abuse allegations made in this family?  If ‘Yes’ please give details (over page) Yes  No |
| b Is this family known to Social Services?  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)? Yes  No |
| If ‘Yes’ please give details: |
|  |
| d Has there been or is there likely to be a risk of abduction? Yes  No |
| If ‘Yes’ are procedures in place for holding passports etc? 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. **Please note withholding details may cause a delay in contact or contact to be cancelled.** |
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| **8 Health & Medical Requirements** |
| a Do any of the children have any illness, allergy, impairments, special needs  or medical requirements? If ‘Yes’ please give details Yes  No |
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| b Do any of the adults involved suffer from long-term physical/mental illness  or an impairment? If ‘Yes’ please give details Yes  No |
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| **9 Additional information** |
| a What language is spoken at home? |
| b Is an interpreter required? Yes  No |
| If ‘yes’ please give details of the interpreter to be used (include name and organisation if any) |
|  |
| c Has this family ever used another Child Contact Centre? Yes  No |
| If ‘Yes’ please give details (this Centre may be contacted) |
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| d Additional background information (please use a separate sheet if necessary). |
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| We offer products and services that maybe of interest to you. Please tick if you would like to receive updates about our offers, promotions and services within the Children’s Links group:  Email ( ) Telephone Call ( ) Text ( ) Postal ( )  Personal Data: Your personal data will not be shared with a third party outside of the Children’s Links group.  Signed: Date:  Name: |

I have explained the rules of the 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.

Signed: …………………………………………………………………… Date: …………………………………….

NB 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.

Omitting details relevant to contact, may result in a delay in contact starting or the cancellation of contact.

**PLEASE RETURN THIS FORM BY EMAIL TO contactcentres@childrenslinks.org.uk OR BY POST TO 7 Bull Ring, Horncastle, Lincolnshire LN9 5HX**