### SUPERVISED Referral Form

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| **Kingston Child Contact Centre** **Please refer to our fees, terms and conditions.**  |  |
| 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 confidence.**Please print clearly** | **Office use only** |
|  |
| Referral received |  |
| Date of pre-visit |  |
| Date of first contact |  |
| Dates reviewed |  |
| Contact ended |  |
|  |  |
| **1. Children** |
| Name(s) | Age | Date of birth | Boy (B), Girl (G) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **2. Adult requesting contact** |
| Name:  |
| Relationship to child(ren):  |
| Does this person have legal parental responsibility? (please indicate) | Yes | No |
| Length of time since: | a) They met children |
|  | b) They lived with children |
| Address:  |
|  |
| Postcode:  | Telephone:  |
| E-mail: |  |
| Solicitor’s name:  | Solicitor’s ref: |  |
| Name of practice:  |
| Address:  |
| Postcode:  |
| Email:  |
| Child(ren)’s school: |
| **2. Adult requesting contact** |
| Name: |
| Relationship to child(ren):  |
| Does this person have legal parental responsibility? (please indicate) | Yes | No |
| Length of time since: | a) They met children -  |
|  | b) They lived with children - |
| Address:  |
|  |
| Postcode:  | Telephone:  |
| E-mail: |  |
| Solicitor’s name:  | Solicitor’s ref: |  |
| Name of practice:  |
| Address:  |
|  |
| Postcode:  |
| E-mail:  | Telephone: |
| **3. Adult with whom the child(ren) reside – please give details overleaf** |
| Name:  |
| Relationship to child(ren):  |
| Address:  |
|  |
| Postcode:  | Telephone:  |
| E-mail:  |  |
| Solicitor’s name: | Solicitor’s ref |  |
| Name of practice: |
| Address: |
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| **3. Adult with whom the child(ren) reside – please give details overleaf** |
| Name:  |
| Relationship to child(ren):  |
| Address:  |
|  |
| Postcode:  | Telephone:  |
| E-mail:  |  |

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| **4. Referrer**  |
| Name:  | Profession:  |
| Address: |
| Postcode:  |
| Email:  | Telephone:  |
| **5. CAFCASS, Contact Orders & Contact** |
| a. Has there been any CAFCASS involvement? (please indicate) | Yes |  |
| b. Is there an allocated CAFCASS officer? (please indicate) | Yes |  |
| If ‘Yes’, please give details: Name:  |
| Name of CAFCASS office:  |
| Address: |
|  |
| Postcode: | Telephone: |
| E-mail:  |  |
| c. When and where did contact last take place?  |
| d. Is there a court order relating to the contact? (please indicate)  | 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(ren) be taken out of the Centre? (please indicate) |  |  |
| g. What is the next court date (if any)? Date unknown, but in November 2021. |
| **6. Arrival at the Child Contact Centre** |
| a. Are the parents willing to meet? (please indicate) |  |  |
| b. Will the adult with whom the child(ren) reside be bringing them to and collecting them from the Centre? (please indicate) |  |  |
| 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 of the Child** |
| a. Are there or have there been sexual / child abuse allegations made in this family? (Please indicate below if yes): | No  | Yes |
| b. Is this family known to Social Services? (Please indicate below if yes): | No  | Yes |
| c. Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)? (please indicate) of an offence against a child(ren)?  | No | Yes |
| If ‘Yes’, please give details here: |
| d. Has there been or is there likely to be a risk of abduction? (please indicate) | Yes | No |
| If ‘Yes’, are procedures in place for holding passports, etc. (please indicate) | 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** |
| 1. Do any of the children have any illness, allergy, impairment, special needs

or medical requirements? (Please indicate below if yes): | Yes  | No |
|  |
|  |
| 1. Do any of the adults involved suffer from long-term physical / mental illness

or an impairment? (Please indicate below if yes): | Yes | No |
|  |
| **9. Additional Information** |
| a. What language is spoken at home? English |
| b. Is an interpreter required? (please indicate) | 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? (please indicate) | Yes | No |
| If ‘Yes, please give details (this Centre may be contacted). |
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|  |
| Additional information:  |

**I have explained the rules of the Child Contact Centre to my client. This form has been completed accurately and to the 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 is at risk of harm.**

**Please return this form to: The Co-ordinator, Kingston Child Contact Centre, United Reformed Church, Eden Street, Kingston upon Thames KT1 1HZ**

**Mobile: 07508 186162 E-mail:** **kingstonccc84@gmail.com**

**Website: www.kingstonchildcontactcentre.org.uk**