

SUPERVISED Referral Form

Kingston Child Contact Centre

Please refer to our fees, terms and conditions on our website.



Wherever possible this form needs to be seen and completed by both parties 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, and note not all Supervised contacts can be facilitated pending an assessment by us.

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:			
3. Adult with whom the child(ren) reside – please give details overleaf			
Name:			
Relationship to child(ren):			
Address:			

Postcode:	Telephone:
E-mail:	

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.	
e. What other court orders have been made in relation to the child(ren) and when?	
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		
a. Do any of the children have any illness, allergy, impairment, special needs or medical requirements? (Please indicate below if yes):	Yes	No
b. 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).		
Additional information:		

I understand the rules of the Child Contact Centre. This form has been completed accurately and to the best of my knowledge.

Signed:

Date:

Important notice to read please:

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 note that not all Supervised Contacts can be facilitated by us pending our assessment, which includes whether we are suitable and able to mitigate the risks involved.

All families involved are required to abide by the centre rules and conditions outlined on our website and during our mandatory pre-meetings attended separately by the parents/carers named on the Supervised Court Order.

Please email return this form: admin@kingstonchildcontactcentre.org.uk

Website: www.kingstonchildcontactcentre.org.uk