

NON-RESIDENT PARENT SELF REFERRAL FORM FOR SUPPORTED CONTACT AT KINGSTON CHILD CONTACT CENTRE

**Please note that all areas of the form must be completed prior to pre-meeting and contact starting. We can only offer two pre-meeting dates.*

Non-Resident Parent Details
Name:
DOB:
Address:
Mobile:
Email:

Child(ren)'s Details
Name:
DOB:
Gender:
Name:
DOB:
Gender:
Name:
DOB:
Gender:
Who has parental responsibility?
Relationship
When did your relationship with the child(ren)'s father/mother end?
Why did your relationship with the child(ren)'s father/mother end?
Has your family ever been known to or been involved with any of the following?
CAFCASS: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please give dates and details:

Social Services	Yes	No
If yes please give dates and details:		
The Courts	Yes	No
If yes please give dates and details:		
Mediation Services	Yes	No
If yes please give dates and details:		
Do you have any concerns relating to:		
Domestic Violence	Yes	No
Drugs or Alcohol	Yes	No
Mental Health Issues	Yes	No
If yes please give details:		
Do you or the resident parent have any convictions?	Yes	No
If yes please give dates and details:		

Previous Contact
When and where did contact last take place?
Who was involved in the contact?

Why did the contact break down?

Arrangements for Contact

Will anybody else be involved in the contact?

Child(ren)'s Wellbeing

Do any of the children have any illnesses/Allergies/Behavioural/Mental Health issues?

What language is spoken at home?

Will an interpreter be needed?

Are there any other issues you feel the Centre needs to be aware of?

Agreement

- I confirm that the information contained within this form is to the best of my knowledge both accurate and true.
- I agree to abide by the rules of the Centre if I am offered a place.
- I understand that the Centre reserves the right to either refuse or terminate contact if I have withheld any information or behave in a way that breaks the Centre's rules.

Signed:

Print Name:

Date:

PLEASE NOTE THERE IS A £50 REFERRAL FEE PAYABLE AT THE TIME OF INTERVIEW.

THERE IS A £10 SESSION FEE PAYABLE AT THE START OF EVERY SESSION.

BOTH FEES ARE PAYABLE BY THE NON-RESIDENT PARENT.

Please return this form to: kingstonccc84@gmail.com

Kingston Child Contact Centre, United Reformed Church, Eden Street, Kingston upon Thames, KT1 1HZ

kingstonchildcontactcentre.org.uk