

# 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: <span style="margin-left: 150px;">Yes</span> <span style="margin-left: 100px;">No</span>
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?		No
		Yes
If yes please give dates and details:		

<b>Previous Contact</b>
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 return this form to: [admin@kingstonchildcontactcentre.org.uk](mailto:admin@kingstonchildcontactcentre.org.uk)

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

[kingstonchildcontactcentre.org.uk](http://kingstonchildcontactcentre.org.uk)