

# 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.*

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?

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

**If they are old enough to understand and have a view how do the children feel about having contact?**

#### **Arrangements for Contact**

**Will anybody else be involved in the contact?**

**Who will be bringing the child(ren) to the Centre?**

**Who will be collecting the child(ren) from the Centre?**

**Is there any risk of abduction?**

#### **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?**

**What school/nursery does your child(ren) attend?**

**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)**