

FAMILY TIME CONTACT REFERRAL FORM



Please complete all sections in full including the risk assessment.

Note: Incomplete forms will not be progressed.

Please ensure the referral is **agreed** with both parents/carers and complies with any court-ordered instructions.

Contact cannot commence until this form has been completed in full and received by the Centre Coordinator, along with the referral fee and all relevant legal documents. **All sections of the form must be completed.**

All parties must sign that they agree to the terms and conditions on the use of the centre.

All details will be dealt with in strict confidence unless we have written authority to release.

Our centre is not currently wheelchair accessible and alternate arrangements would need to be made for contact to commence so please let us know if you are a wheelchair user.

| Office Use Only | |
|----------------------------------|--|
| Court Order | |
| Date Referral Received | |
| Referral reviewed by | |
| Requested day / time | |
| Interpreter Booked | |
| Pre-Visit | |
| 1 st Family Time Date | |
| Date Reviewed: | |
| Family Time End Date | |

1. Referrer (Parent/Non-Resident Parent/ Carer/Professional)

| | |
|-----------|------------|
| Name: | |
| Address: | |
| Postcode: | Telephone: |
| Email: | |

2. Child(ren)

| Name(s) | Date of Birth | Sex | Ethnicity | Who has Parental Responsibility? |
|---------|---------------|-------------|-----------|----------------------------------|
| | | Male/Female | | Mother/Father/Other |
| | | Male/Female | | Mother/Father/Other |
| | | Male/Female | | Mother/Father/Other |
| | | Male/Female | | Mother/Father/Other |
| | | Male/Female | | Mother/Father/Other |
| | | Male/Female | | Mother/Father/Other |

| Name and Phone Number for Emergencies | |
|--|---|
| | |
| 3. Adult with whom the child(ren) reside | |
| Name: | |
| Relationship to child(ren): (please circle) Mother/Father/Other | |
| Ethnicity: | |
| Address: | |
| Postcode: | Telephone: |
| Solicitors Name: | Solicitor's Ref: |
| Name of Practice: | |
| Address: | |
| Postcode: | Telephone: |
| 4. Adult Requesting Contact | |
| Name: | |
| Relationship to child(ren): | |
| Does this person have parental responsibility (please circle) Yes No | |
| Ethnicity: | |
| Length of time since: | (a) You/They lived with children (b) You/They met children |
| Address: | |
| Postcode | Telephone: |
| Solicitors Name: | Solicitors reference: |
| Name of Practice: | |
| Address: | |
| Postcode: | Telephone: |
| 5. Type of Contact being requested (please tick) | |

| | |
|--|--|
| Supported Contact | |
| Supervised Contact | |
| Virtual Contact | |
| Handover Contact | |
| Is a contact report required? If 'Yes' please provide email addresses of everyone who the report is to be shared with | |
| 6. Do you object to contact taking place in the community? (please circle) Yes No | |
| If 'Yes', please set out your reasons why below: | |
| If 'No' please set out which activities you would agree to and any that you would specifically not and why: | |
| 7. CAFCASS, Local Authority, Contact Orders & Contact | |
| a. Is there an allocated CAFCASS Officer or Local Authority? (please circle) Yes No | |
| If 'Yes', please give details: Name: Address: Telephone: | |
| b. When and where did contact last take place? | |
| c. Is there a court order relating to the contact? (please circle) Yes No (If 'Yes', please provide a copy indicating what it specifies) | |
| d. Are there any other court orders which have been made in relation to child(ren)? (please circle) Yes No (If 'Yes', please provide a copy indicating what it specifies) | |
| e. When is the next court date (if any?) | |

8. Arrival at the Child Contact Centre

a. Are the parents willing to meet? (please circle) Yes No

b. Will the adult with whom the child(ren) reside be bringing them to and collecting them from the Centre? (please circle) Yes No

If 'No', who will be bringing/collecting the child(ren)?

c. What is the preferred date of first contact at the Centre?

d. What is the preferred day and time for contact to take place regularly?

e. How frequently would you like contact to take place and length?

9. Information Relating to the Safety of the Child

a. Safeguarding children

Yes/No/Allegation. Provide brief details

Physical abuse:

Sexual abuse:

Emotional abuse:

Neglect:

Risk of Abduction: If 'yes' are procedures in place for holding passports etc?

b. Other potential concerns

Domestic abuse:

Conflict between adults:

Alcohol abuse:

Drug / substance misuse:

Cultural issues:

Religious issues:

Immigration / asylum issues:

Financial issues:

Risk of violence towards professionals:

| | |
|--|--|
| Risk of self harm: | |
| Other (please specify): | |
| Is there anything that could pose a risk to the health & safety of our Supervisors (ie., dog in the house)? | |
| c. Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party their respective families or the children. | |
| 10. Health & Medical Requirements | |
| a. Do any of the child(ren) have any illnesses, allergies, disabilities, special needs, medical requirements? (please circle) Yes No | |
| If 'Yes', please give details | |
| b. Do any of the adult/s have any illnesses, allergies, disabilities, special needs, medical requirements? (please circle) Yes No | |
| If 'Yes', please give details | |
| 11. Additional Information | |
| a. What language is spoken at home? | |
| b. Is an interpreter required? (please circle) Yes No | |
| If 'Yes', please give details of the interpreter to be used (include name and organisation if any) | |
| c. Has the family ever used another child contact centre? (please circle) Yes No | |
| If 'Yes', which one and why did it change? | |
| d. Are there any arrangements or agreements relating to the taking of photographs during contact, exchange of gifts or food for the children? | |
| If 'Yes', please give details | |

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| |
| e. Names of any persons agreed to be in contact |
| f. Names of any persons whom are forbidden to attend contact |
| g. Additional background information (please use a separate sheet if necessary) |
| h. Please confirm who will be responsible for making payment for this service: Please note payment for all contact services is required in full ahead of the contact taking place. |

12. How Did You Hear About Us? (Please circle)

- Advertisement
- Recommended by Friend of Colleague
- Recommended by Professional
- Social Media (Facebook/ Instagram)
- Word of Mouth
- Other (please specify)

13. Confidentiality

Can either party's contact details (phone number or email) be released to the other party?
 (please circle and if 'yes' state which) Yes No

Parent 1 Declaration

I have read the rules of Family Matters Guildford and been given a copy of the Centre's leaflet/guidelines. This form has been completed accurately and to the best of my knowledge.

Name:

Signed:

Dated:

Parent 2 Declaration

I have read the rules of Family Matters Guildford and been given a copy of the Centre's leaflet/guidelines. This form has been completed accurately and to the best of my knowledge.

Name:

Signed:

Dated:

Professional Declaration

I have explained the rules of Family Matters Guildford to my client and given them a copy of the Centre's leaflet/guidelines. This form has been completed accurately and to the best of my knowledge.

Name:

Signed:

Dated:

Please return this completed form to the Centre Co-ordinator.