

Sep-07



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ACCREDITED MEMBERS of

**SHROPSHIRE CHILD CONTACT CENTRES**

are

**SUPPORTED CHILD CONTACT CENTRES  
and cannot facilitate Supervised visits**

Please photocopy and use as required

**CHILD CONTACT CENTRE**

Contact cannot commence until this form has been completed in full and received and visits confirmed by the Contact Centres Manager.

**All information will be treated in the strictest confidence.**

Please read the 'Guidelines for Referrers' before completing this form.

**Do not send families to the Centre until appointment confirmed.**



**REFERRAL FORM**

**REFERRAL FEE £50**

REF:

INVOICE

Referral received .....

Date of first contact .....

Contact ended .....

PRE-VISIT

Parent & Children

Non-Res-Parent

**1. Referrer :** Name: Position:

Address:

Telephone no: Fax no:

**2. Adult with whom child(ren) reside:** Name: Relationship to child(ren):

Address:

Tel no: Emergency tel:

**Solicitor's name and practice:**

Address:

Telephone no: Fax no:

**3. Person requesting contact:** Name: Relationship to child(ren)

Address:

Tel no: Emergency tel:

**Solicitor's name and practice:**

Address:

Telephone no: Fax no:

**4. Name(s) of child(ren):** Date of Birth Boy=B Girl=G

**5. Has there been/ is there a CAFCASS Officer?** YES NO

Name:

Address:

Telephone no: Fax no:

**6. When and where did contact last take place?**

7. Is there a court order relating to contact? <b>If 'yes', please send a copy</b>	Yes	No
8. If there is no contact order, have the parents agreed that the child can be taken out of centre?	Yes	No
9. Is there a residence order? If so with whom? Who has parental responsibility?	Yes	No
	Yes	No
10. Are the parents willing to meet?	Yes	No
11. Will the person with whom the child(ren) reside be bringing them to and collecting them from the centre?	Yes	No
If 'No' who will be bringing/collecting the child(ren)? ..... Emergency Tel:		
12. <b>Is it agreed that the resident parent does not attend in the contact visits room?</b> Is it agreed that only the contact parent attends with Child/Children in the Visits room?		
13. What is the proposed date of first contact at the centre?		
14. How frequently will contact take place thereafter :-		
15. For how long will each visit last? <input type="checkbox"/> 1 Hour <input type="checkbox"/> 2 Hours <input type="checkbox"/> 3 Hours <input type="checkbox"/> 4 Hours Time of visit: .....:..... pm Subject to availability		
16. Other people allowed to participate in contact at the Centre: Name Relationship to Child		
17. Are there or have there been sexual/child abuse allegations or convictions made in this family? <b>If 'Yes', please contact the Centre co-ordinator</b>		
18. Please give details of any undertakings, injunctions or convictions relating to violence involving either party, respective families or the children:-		
19. What language is spoken at home? Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No This must be arranged by the Solicitor		
20. Has this family ever used another Child Contact Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please give details:		
21. Additional Background information, to include problems with drugs, alcohol, medical conditions and/or disability <u>Are there any foods/drinks the child/ren not allowed?</u>		
<b>Wherever possible we would like parents and children to visit a Child Contact Centre prior to contact starting. DATE FOR PRE-VISIT .....</b>		
<b>All Policies may be seen upon request. Please Note that no Outside Agencies are allowed into the Child Contact Centres.</b>		