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| --- | --- |
| OFFICE USE ONLY  Client number | |
| Referral received |  |
| Date of pre-visit - Residential adult |  |
| Date of pre-visit – Non-Residential adult |  |
| Review date |  |
| Court date |  |

Referral Supervised or Supported

Wherever possible this form needs to be seen and completed by both parties’ solicitors and any other professionals involved with the family.

Contact cannot commence until this form has been completed in full and received by the Centre Coordinator.

All information will be treated in the strictest confidence.

Please print clearly.

|  |
| --- |
| PLEASE HIGHLIGHT WHICH SERVICE  SUPERVISED OR SUPPORTED  PLEASE HIGHLIGHT PREFERRED LOCATION:  Claire Lizbeth House  Lone Barn Stable  ROMSEY  Hants  SO51 0HE    Richard Alan House  Old Road  Alderbury  Wilts  SP5 3AR    The Madeleine McGrory Room Suite 16 Basepoint Aviation Business Park Enterprise Close  Christchurch  Dorset  BH23 6NX  The Basingstoke McCrory Rooms  Unit 12 Faraday Court  Rankine Road  Basingstoke  Hampshire RG24 8PF |

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| The Marion Patience Rooms  Badger Farm Community Centre  Badger Farm Road  Winchester  Hampshire  SO22 4QB    The Joy Carter Rooms,  Suite 60 Basepoint Harts Farm Way  Havant,  PO9 1HS | | | | |  |  |
| Names of Children | | | AGE & DOB | | BOY | GIRL |
|  | | |  | |  |  |
|  | | |  | |  |  |
|  | | |  | |  |  |
|  | | |  | |  |  |
|  | | | | |  |  |
| 2. Adult requesting contact Name: | | | | |  |  |
| Relationship to child(ren): | | | | |  |  |
| Does this person have legal parental responsibility? (please circle) Yes No | | | | |  |  |
| Length of time since: | a) They met children | | | |  |  |
|  | b) They lived with children | | | |  |  |
| If contact has broken down from previous arrangements when and why ? |  | | |  | | |
| Address: |  | | |  | | |
|  |  | | |  | | |
| Postcode: |  | Telephone:  Email address: | |  | | |
| Solicitor’s name: |  | | | Solicitor’s ref: | |  |
| Name of practice: |  | | |  | | |
| Address: |  | | |  | | |
|  |  | | |  | | |
| Postcode: |  | | |  | | |
| Email: |  | Telephone: Fax: | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. Adult with whom the child(ren) reside |  |  | |
| Name: |  |  | |
|  |  |  | |
| Address: |  |  | |
| Relationship to child(ren): |  |  | |
| Postcode: | Telephone  Email address: |  | |
| Solicitor’s name: |  | Solicitor’s ref |  |
| Name of practice: |  |  | |
| Address: |  |  | |

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| --- | --- | --- | --- | --- |
|  | |  |  |  |
| Postcode: | |  |  |  |
| Email: | Telephone: Fax: |  |  |  |
| 4. Referrer | |  |  |  |
| Name: | Profession: |  |  |  |
| Address: | |  |  |  |
| Email: | Telephone: Fax: |  |  |  |
| 5. CAFCASS, Contact Orders & Contact | |  |  |  |
| a. Is there an allocated CAFCASS officer? (please circle) | |  | Yes | No |
| If ‘Yes’, please give details: Name: | |  |  |  |
| Name of CAFCASS office: | |  |  |  |
| Address: | |  |  |  |
|  | |  |  |  |
| Postcode: | Telephone: |  |  |  |
| 1. When and where did contact last take place? Did the contact break down? Was this contact via another contact service? If so when, where & for how long? Add details of the parties’ proposals for contact in the future.      * 1. Children’s view:      * 1. Adults’ expectation & view: | |  |  |  |
| c. Is there a court order relating to the contact? (please circle) | |  | Yes | No |
| If ‘Yes’, please either send a copy or indicate what it specifies. | |  |  |  |
|  | | | | |
|  | | | | |
|  | | | | |
| d. Are any of the children subject to a care plan? | | | | |
| d. What other court orders have been made in relation to the child(ren) and when?  (please ensure that a copy of the current court order is sent alongside this referral). | | | | |
|  | | | | |
| e. Can the child (ren) be taken out of the Centre? (please circle) Yes No | | | | |
|  | | | | |
| f. What is the next court date (if any for current or outstanding)? | | | | |

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| 6. 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) resides 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. How frequently will contact take place? | |
| e. For how long will each visit last? | |
| f. Names of other people allowed to participate in contact at the Centre: | |
| Name | Relationship to child |
|  |  |

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| --- | --- |
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| 7. Information Relating to Safeguarding of the Child | |
| a. Are there or have there been Sexual /Domestic Abuse/Alcohol Abuse/Drug/Substance Abuse or Child Abuse allegations made in this family? (Please circle Yes No). If ‘Yes’, please give details (over page) | |
| b. Is this family known to Social Services? (please circle)  If ‘Yes’, please give details of current care plan Yes No  If ‘Yes’, please give details (over page) | |
| c. Has any person who will be involved in the contact ever been convicted of an offence.  Yes No against a child (ren)? (please circle) | |
| If ‘Yes’, please give details | |
|  | |
| d. Has there been or is there likely to be a risk of abduction? (please circle) Yes No | |
| If ‘Yes’, are procedures in place for holding passports, etc. (please circle) Yes No | |
| e. Please give details of any allegations, undertakings, injunctions, or convictions relating to violence involving either party, their respective families, or the children. | |
|  | |
|  | |
| f. Actual of potential levels of conflict, hostility/anger between adults Yes No | |
| g. Mental health issues Yes No | |
| H. Cultural issues / Religious issues Yes No | |
| I. Financial Yes No | |
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| 8. Health & Medical Requirements | | | | | |
| a. Do any of the adults & children have any illness, allergy, and physical impairment, special needs, learning difficulties or medical requirements? (please circle) If ‘Yes’, please give details Yes No | | | | | |
|  | | | | | |
|  | | | | | |
| b. Do any of the adults involved suffer from long-term physical / mental illness.  Or an impairment? (please circle) If ‘Yes’, please give details Yes No | | | | | |
|  | | | | | |
| c. Parenting skills (assessment & support)? Yes No | | | | | |
| 9. 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) | | | | | |
|  | | | | | |
|  | | | | | |
| d. Additional background information (Please use a separate sheet if necessary). | | | | | |
|  | | | | | |
|  | | | | | |
| e. Ethnicity of children & family | | | | | |
|  | | | | | |
|  | BRITISH WHITE |  | OTHER WHITE |  |  |
| TURKISH |  | KURDISH |  |
| BANGLADESHI |  | OTHER ASIAN |  |
|  | | | | | |
|  | BLACK  CARIBBEAN |  | BLACK AFRICAN  SOMALI |  |  |
| OTHER BLACK  AFRICAN |  | BLACK OTHER |  |
| CHINESE |  | MIXED  ETHNICITY |  |
| ANOTHER  ETHNICITY |  |  |  |
|  | | | | | |
| Date of availability for Child & Residential Parent to visit centre for pre visit meeting: | | | | | |
|  | | | | | |
| Date of availability for Adult requesting contact to visit centre for pre visit meeting: | | | | | |
|  | | | | | |
| Other statutory & voluntary services linked to the family | | | | | |
|  | | | | | |
| Name: Profession: | | | | | |
| Address: | | | | | |
|  | | | | | |
| Postcode: | | | | | |
| Email: Telephone:  Fax: | | | | | |
| Past or present involvement: | | | | | |
|  | | | | | |

CGC ADVISE ALL CLIENTS AND REFERRERS HERE THAT SHOULD WE HAVE ANY CONCERN IN

REGARD TO ABUSE OR NEGLECT OF ANY CHILD NAMED WITHIN THIS REFERRAL WE WILL

AUTOMATICALLY REFER OUR CONCERN TO THE RELEVANT CHILDRENS SERVICES FOR THE

CHILD. WE RESERVE THE RIGHT TO DO THIS WITHOUT NOTIFING THE CLIENTS AND OR THE

REFERRERS, THIS WILL MEAN THAT CONFIDENTIALITY & DISCLOSING OF INFORMATION INVOLVING CHILDREN OR VULNERABLE ADULTS IS OVERRULED FOR THIS PURPOSE ONLY.

I have explained the rules of the Child Contact Centre to my client and given them a copy of the parent’s information leaflet. This form has been completed accurately and to the best of my knowledge.

Referrer Signed: ……………………………………….… Date: ………………………………………

Parent Signed:………………………………Date:………………………………………

Please return this form to: contact@chancesgiveschoices.com FAO CLAIRE MACKLIN