St Albans Child Contact Centre

c/o Censeo House, 6 St Peter's Street, St Albans, AL1 3LF Tel: 07881 443561

Email: info@stalbanschildcontactcentre.org.uk
www.stalbanschildcontactcentre.org.uk

Referral Form for Supported Contact

Please read the "Guidelines for Referrers" before completing this form

- **All information will be treated in the strictest confidence.**
- Both non-resident and resident parents need to complete their own forms before an application can be considered.
- Contact cannot commence until both forms have been reviewed by the Centre Co-ordinator and interviews conducted.

1. Referrer

Name:	Profession:
Address:	
Postcode:	
Email:	Telephone:

2. Children

Name(s):	Age	Date of birth	Boy(B), Girl(G)

3. Adult with whom the child(ren) reside

Name:		
Relationship to child(ren):		
Address:		
Postcode:	Telephone:	
Solicitor's name:	Solicitor's ref:	
Name of practice:		
Address:		
Postcode:		
Email:	Telephone:	

4. 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		
Address:			
Postcode:	Telephone:		
Solicitor's name:	Solicitor's ref:		
Name of practice:			
Address:			
Postcode:			
Email:	Telephone:		

5. CAFCASS, Contact Orders & Contact

a. Is there an allocated CAFCASS officer? (please circle)	Yes	No
If 'Yes', please give details: Name	Yes	No
Name of CAFCASS office:		
Address:		
Postcode:	Telephone:	
b. When and where did contact last take place?		
c. Is there a Child Arrangement Programme in place? (please circle)	Yes	No
If 'Yes', please either send a copy or indicate what it specifies.		
d. Can the child(ren) be taken out of the Centre? (please circle)	Yes	No
e. What is the next court date (if any)?		

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) 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. 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	

7. Information Relating to Safety of the Child

a. Are there or have there been sexual/child abuse allegations made in this family? (please circle). If 'Yes', please give details (over page)	Yes	No
b. Is this family known to Social Services? (please circle) If 'Yes', please give details (over page)	Yes	No
c. Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)? (please circle)	Yes	No
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.		

8. Health & Medical Requirements

a. Do any of the children have any illness, allergy, impairment, special needs 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

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)		
c. Has this family ever used another Child Contact Centre? (please circle)	Yes	No
d. Is the resident parent agreeable to the non-resident taking appropriate photographs of the child/children during the contact session?	Yes	No
e. Additional background information (Please use a separate sheet if necessary).		

I have explained the rules of the Child Contact Centre 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.

Signed: …… Date: ……

N.B. Only dates and times of family's attendance will be disclosed unless it is felt that anyone using the Child Contact Centre or a volunteer/staff member is at risk of harm.

Please return this form to **St Albans Child Contact Centre, c/o Censeo House, 6 St Peter's Street, St Albans, AL1 3LF, or by email to info@stalbanschildcontactcentre.org.uk.**