STRICTLY CONFIDENTIAL

St Albans Child Contact Centre

Mobile: 07881 443561

Email: info@stalbanschildcontactcentre.org.uk

Webpage: www.stalbanschildcontactcentre.org.uk

Self-Referral Form for Resident Parent for Supported Contact

Please read the 'Guidelines for Self-Referral' before completing this form.

- 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 Coordinator and interviews conducted.
- All information will be treated in the strictest confidence.

Please print clearly

1. Contact Details

Name:	
Address: Postcode:	
Email:	Telephone: Mobile:

2. Children

Name(s):	Age	DOB	Boy(B), Girl(G)

3. Relationship

Who is the other parent?
Name: Address (if known): Tel (if known): Email (if known):
When did your relationship with the children's father/mother end?

Why did your relationship with the children's father/mother end?		
Has your family ever been known to, or been involved with, any of the following:		
CAFCASS	Yes	No
If 'yes' please give details:		
Social Services	Yes	No
If 'yes' please give details:		
The Courts	Yes	No
If 'yes' please give details:		
Mediation Services	Yes	No
If 'yes' please give details:		
Do you have any concerns relating to domestic violence, drugs, alcohol or mental health issues?	Yes	No
If 'yes' please complete a risk assessment and give details:		
Do you, or the non-resident parent (to your knowledge), have any convictions?	Yes	No
If 'yes' please give details:		

4. Previous Contact

When and where did contact last take place?
Who was involved in the contact?
Why did the contact discontinue or breakdown?
If they are old enough to understand and have a view, how do the children feel about having any contact?

5. Arrangements for Contact

When would you like contact at the Centre to start and for how long (2 hours maximum)?		
Will anyone else be involved in the contact? If someone is to accompany you on your visits to the Centre, please give their name and relationship to you.		
Who will bring the children to the Centre?		
Who will collect the children from the Centre?		
Is there a risk of abduction?	Yes	No
Are you prepared to meet the children's father/mother?	Yes	No
Will staggered arrival and departure times be required?	Yes	No
If applicable, are you agreeable to the children's father/mother taking photographs?	Yes	No
Are you agreeable to the children's father/mother bringing gifts, including presents for birthdays?	Yes	No
Who has parental responsibility?		
Are you agreeable to the children being taken out of the Centre?	Yes	No
Do any of the children have illnesses or allergies?	Yes	No
If 'yes' please give details:		
What language(s) is/are spoken at home?		
Will an interpreter be needed for you, for the children's father/mother?	Yes	No
If 'yes' please give details:		
Is there any other information or issues that you feel the Centre should be aware of?		

6. 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 relevant information or behave in a way that breaks the Centre's rules.

Signed:	Resident Parent
Print name:	Resident Parent
Signed:	St Albans Child Contact Centre
Print name:	St Albans Child Contact Centre

Please return this form to the Co-ordinator
St Albans Child Contact Centre, c/o Censeo House, 6 St Peters Street,
St Albans, Herts, AL1 3LF
or by email to info@stalbanschildcontactcentre.org.uk.