

Referral Form for Supported Contact

Kings Lynn Child Contact Centre

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

Office use only

Referral received	
Date of pre-visit	
Date of first contact	
Dates reviewed	
Contact ended	

1. Children

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

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

Address:

Postcode:

Telephone:

Solicitor's name:

Solicitor's ref:

Name of practice:

Address:

Postcode:

Email:

Telephone:

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. Referrer			
Name:		Profession:	
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:			
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.			
e. Can the child(ren) be taken out of the Centre? (please circle)			Yes No
f. 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) 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) 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

N.B. Only dates and times of families 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:**KLCCC C/o Norfolk Citizens Advice, Kings Lynn, Hanse House, South Quay, Kings Lynn PE30 5GN.....**