MELTON MOWBRAY CHILD CONTACT CENTRE

**REFERRAL FORM**

**Please ensure that before completing these forms you have read the ‘Guidelines for Referrers’ on our website**

[www.melton-mowbray-child-contact-centre.org](http://www.melton-mowbray-child-contact-centre.org)

**Contact cannot commence until this form has been completed in full and received by the Centre Co-ordinator, who will confirm your start date.**

|  |  |
| --- | --- |
| **Office use only** | |
| **Referral Received** |  |
| **Referred By** |  |
| **Date of pre-visit** |  |
| **Date of first contact** |  |
| **Date reviewed** |  |
| **Contact Ended** |  |

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

**Melton Mowbray Child Contact Centre offer supported contact only.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Name(s) of Child(ren) | | | Age | | Date of Birth | Boy (B) Girl (G) |
|  | |  | |  | |  |
|  | |  | |  | |  |
|  | |  | |  | |  |
|  | |  | |  | |  |
| 2. Adult with whom the children reside | Name: | | | | | |
| Address: | | | | | |
|  | | | | | | |
| Post Code: Email: | | | | | | |
| Telephone No. | | | | | | |
| Solicitor’s name and practice: | | | | | | |
| Address: | | | | | | |
|  | | | | | | |
| Post Code: Email: | | | | | | |
| Telephone No. | | | | | | |
| 3. Adult requesting contact | Name: | | | | | |
| Relationship to child(ren) | | | | | |
| Does this person have legal responsibility? (Please circle) Yes No | | | | | | |
| Where did contact last take place? | | | | | | |
| Length of time since a) They met the children  b) They lived with the children | | | | | | |
| Address: | | | | | | |
|  | | | | | | |
| Post Code: Email: | | | | | | |
| Telephone No. | | | | | | |
| Solicitor’s name and practice | | | | | | |
| Address: | | | | | | |
|  | | | | | | |
| Post Code Email: | | | | | | |
| Telephone No: | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 5. CAFCASS, Contact Orders & Contact | | | |
| Is there an allocated CAFCASS Officer? (Please circle) Yes No | | | | |
| Name: | | | | |
| Address: | | | | |
|  | | | | |
| Post Code: Email: | | | | |
| Telephone No. | | | | |
|  | | | | |
| 7. Is there a Court Order relating to the contact? (Please circle) | | | | Yes No |
| If ‘Yes’, what does it specify? **(Please include copy of Court Order)** | | | |  |
|  | | | | |
| 8. What is the next Court date (if any)? | | |  | |
| 9. What other Court Orders have been made in relation to the child(ren) and when? | | |  | |
|  | | | | |
|  | | | | |
| 9. If there is no Court Order, have the parents agreed that the child(ren) can be taken out of the Centre? **(Please circle)** | | | | Yes No |
| 10. Are the parents willing to meet? **(Please circle)** | | | | Yes No |
| 11. 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 children? | | |  | |
| 12. What is the requested date of first contact at the centre? | | |  | |
| 13. How frequently would you like contact to take place? | | |  | |
| 14. What is the time of arrival and length of each contact visit?  **Maximum 2 hours (Saturdays 2-4pm)** | | |  | |
| 15 Name(s) of other people allowed to participate in contact at the centre. | |  | | |
|  | | | | |
|  | | | | |
| 16. Are there or have there been sexual/child abuse allegations made in this family? **(please circle)** | | | | Yes No |
| If ‘Yes’, please give details. |  | | | |
| 17. Is this family known to Social Services? **(Please circle)** | | | | Yes No |
| If ‘Yes’, please give details. |  | | | |
| 18. 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 | | | | |
|  | | | | |
| 19. Has there been or is there likely to be a risk of abduction (Please circle) | | | | Yes No |
| 20. If ‘Yes’ are procedures in place for holding passports etc. (Please circle) | | | | Yes No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 21. Please give details of any undertakings, injunctions or convictions relating to violence involving both parties, their respective families or the children | | |  | |
|  | | | | |
| 22. Do any of the children have any illness, allergy, impairment, special needs or medical requirements? (Please circle). If ‘Yes’, please give details | | | Yes No | |
|  | | | | |
|  | | | | |
| 23. Do any of the adults involved suffer from long-term physical/mental illness or disability **(Please give details)** | | |  | |
|  | | | | |
| 24. What language is spoken at home? |  | | | |
| 25. Is an interpreter required? **(Please circle)** | | | Yes No | |
| 26. Has this family ever used anther Child Contact Centre? **(Please circle)** | | | Yes No | |
| If ‘Yes’, please give details | | | | |
|  | | | | |
| 25. Additional information you would like to share. | |  | | |
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|  | | | | |
|  | | | | |
| 26. **‘Pre visits to the centre are mandatory prior to final confirmation of contact’**  ***please confirm that you are willing to undertake a pre- visit prior to contact commencing*** | | | | Yes No |

**I understand the rules of the Child Contact Centre.**

**I have looked at a copy of the centre’s rules/guidelines. I agree to abide by these.**

**I have read and understood the Privacy and Data Protection policies on the website.**

**I am happy for the Child Contact Centre staff to contact me by:**

**Email Phone Text**

**Signed: Date:**

**Please return this form to:**

**Email:** [**meltonmowbraychildcontactcentre@yahoo.co.uk**](mailto:meltonmowbraychildcontactcentre@yahoo.co.uk)

**Post to: Melton Mowbray Child Contact Centre**

**c/o Hope Centre, 42-44 Nottingham Street, Melton Mowbray LE13 1NW**

**Telephone: 07522 297102**