



### Self Referrals – Referral Form and Agreement

Please complete as far as you are able and send to Coordinator  
Chichester Child Contact Centre  
Christ Church  
Old Market Avenue  
Chichester PO19 1SW

### Resident Parent

 If not the Parent, please specify relationship:

This form should be completed in full before any contact is allowed to commence

### Contact Details

Name:

Address:

Telephone Number:

Mobile:

Email:

Children's Names

DOB:

Age:

Gender

### Relationship

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 dates and details

Social Services

Yes

No

If yes please give dates and details

The Courts

Yes

No

If yes, please give dates and details with court reference number and date of issue

Mediation services

Yes

No

If yes, please give dates and details





Are you prepared to meet the children's father/mother?	Yes	No
Will staggered arrival and departure times be required?	Yes	No
Who has parental responsibility?		
Will you be wanting to take the children out of the centre?	Yes	No
Do any of the children have any illnesses or allergies?		
What language is spoken at home?		
Will an interpreter be needed?	Yes	No
Are there any other issues you feel the centre needs to be aware of? <b>Please write here the name and address of any solicitor who may act for you from time to time if you wish.</b>		

All information we collect is used in accordance with our Privacy Policy and shared, stored and retained in accordance with our Data Protection Policy and in compliance with the General Data Protection Regulation.

### Agreement

- I accept that my contact details as given by me above can be used to contact me for future communications from either the Centre coordinator or their assigned deputy.
- 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 any information or behave in a way that breaks the centres rules.
- **Please note I need the contact details of the resident parent also. Please print on the back of this sheet.name of that parent and any known contact details if you think I may not have them.**

Signed		Resident Parent
Print name		Resident Parent
Signed		Chichester Child Contact Centre
Print name		Chichester Child Contact Centre
Date		