



STANDARD Referral Form (Standard for Supported Contact)

Chichester Child Contact Centre. Registered charity 1143879

Telephone: 07746026695

Wherever possible this form needs to be seen and **completed by both parties' solicitors or 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. Has there been any CAFCASS involvement? (please circle)			Yes No
b. Is there an allocated CAFCASS officer? (please circle)			Yes No
If 'Yes', please give details: Name:			
Name of CAFCASS office:			
Address:			
Postcode:		Telephone:	
c. When and where did contact last take place?			
d. Is there a court order relating to the contact? (please indicate clearly)			Yes No
If 'Yes', please either send a copy or indicate what it specifies. [Please include a copy if possible as knowing exact wording can be vital to avoid unnecessary disputes within the Centre]			



e. What other court orders have been made in relation to the child(ren) and when?		
f. Can the child(ren) be taken out of the Centre? (please indicate clearly)		
	Yes	No
g. What is the next court date (if any)?		
6. Arrival at the Child Contact Centre		
a. Are the parents willing to meet? (please indicate clearly)		
	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 indicate clearly). If 'Yes', please give details (over page)		
	Yes	No
b. Is this family known to Social Services? (please indicate clearly) 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 indicate clearly) 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 indicate clearly)		
	Yes	No
If 'Yes', are procedures in place for holding passports, etc. (please indicate clearly)		
	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 indicate clearly) 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 indicate clearly) If 'Yes', please give details	Yes	No
9. Additional Information		
a. What language is spoken at home?		
b. Is an interpreter required? (please indicate clearly)	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 indicate clearly)	Yes	No
If 'Yes', please give details (this Centre may be contacted).		
d. Additional background information (Please use a separate sheet if necessary).		



Both parties are aware of and in agreement with the referral and have read and understood our privacy statement. 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 attendance will be disclosed unless it is felt that anyone using the Contact Centre or volunteer is at risk of harm.

Please return this form to Mrs Kathleen Davies, Coordinator.

Chichester Child Contact Centre, Christ Church, Old Market Avenue, Chichester. PO19 1SW

Please note that there is a charge per referral to be paid on or before the preparation for contact visit. This charge is £50 per family and covers up to 12 sessions.

Payment may be made by cash, cheque or bank transfer.

Please make any cheques payable to Chichester Child Contact Centre.

The referral fee will be returned if at least one successful contact session does not take place.

Receipts are provided, addressed to the person handing over cash or the person who has written the cheque.

Further information about our Centre please contact the Charity Coordinator, Becca Dickenson.

Email: coordinator@chichesterchildcontactcentre.org