



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

Non-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



Do you have any concerns relating to domestic violence, drugs alcohol or mental health issues?	Yes	No
If yes please give details. A risk assessment will be made before a place is offered		
Do you or the resident parent have any convictions?	Yes	No
If yes please give details		
Previous Contact		
When and where did contact last take place?		
Who was involved in the contact?		
Why did the contact breakdown?		
If they are old enough to understand and have a view, how do the children feel about having any contact?		
Arrangements for Contact		
When would you like contact at the centre to take place and for how long?		
Will anybody else be involved in the contact?		
Are you in contact with/able to talk to the other parent/adult involved in the contact?	Yes	No
Will anybody be accompanying you on your visits to the centre?		



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? Please write here the name and address of any solicitor who may act for you from time to time if you wish.		

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