

Self Referrals – Referral Form and Agreement



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

Name of Children's other parent:

If you have any contact details for your ex-partner please put them here.

Address:

Email:

Phone:

Has your family ever been known to or been involved with any of the following (yes or no)

CAFCASS

If yes please give dates and details

Family Courts

If yes please give details

Mediation services

If yes please give dates and details

Do you have any concerns relating to domestic violence, child safety, drugs alcohol or mental health issues?

Previous Contact

When did the children last meet the non-resident parent?

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?		
Who will be bringing the children to the centre?		
Who will be collecting the children from the centre?		
Will anybody be accompanying you on your visits to the centre?		
Is there any risk of abduction?	Yes	No
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?		
Are you agreeable to the children being taken out of the centre?	Yes	No
Do any of the children have any illnesses or allergies?		
What language is spoken at home?		
Are there any other issues you feel the centre needs to be aware of?		

Agreement

- I confirm that the information contained within this form is to the best of my knowledge both accurate and true.
- 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.

Print name		Date
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Please return to Mrs Gemma Smith , Neutral Ground Child Contact Centre, William Temple Community Centre, Eynsham Drive, Abbey Wood, London SE2 9PT