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| Office use only |
| Referral received |  |
| Date of pre-visit |  |
| Date of first contact |  |
| Dates reviewed |  |
| Contact ended |  |

Claire Lizbeth House Lone Barn Stable ROMSEY

Hants SO51 0HE

Richard Alan House Old Road Alderbury

Wilts SP5 3AR

The Madeleine McGrory RoomSuite 16 Basepoint Aviation Business Park Enterprise Close Christchurch Dorset BH23 6NX

The Basingstoke McCrory Rooms Unit 12 Faraday Court Rankine Road

Basingstoke Hampshire RG24 8PF

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| The Marion Patience Rooms Badger Farm Community Centre Badger Farm RoadWinchester Hampshire SO22 4QBThe Joy Carter Rooms, Suite 1 Basepoint Harts Farm Way Havant,PO9 1HSSUPERVISED OR SUPPORTED (PLEASE CIRCLE) |
| Names of Children | AGE & DOB | BOY | GIRL |
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| 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 |

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| If contact has broken down from previous arrangements when and why ? |  |
| Address: |
|  |
| Postcode: | Telephone: Email address: |
| Solicitor’s name: | Solicitor’s ref: |  |
| Name of practice: |
| Address: |
|  |
| Postcode: |
| Email: | Telephone: Fax: |

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| 3. Adult with whom the child(ren) reside |
| Name: |
|  |
| Address: |
| Relationship to child(ren): |
| Postcode: | Telephone Email address: |
| Solicitor’s name: | Solicitor’s ref |  |
| Name of practice: |
| Address: |

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|  |
| Postcode: |
| Email: | Telephone: Fax: |
| 4. Referrer |
| Name: | Profession: |
| Address: |
| Email: | Telephone: Fax: |
| 5. CAFCASS, Contact Orders & Contact |
| a. Is there an allocated CAFCASS officer? (please circle) | Yes | No |
| If ‘Yes’, please give details: Name: |
| Name of CAFCASS office: |
| Address: |
|  |
| Postcode: | Telephone: |
| 1. When and where did contact last take place? Did the contact break down? Was this contact via another contact service? If so when, where & for how long?

Add details of the parties’ proposals for contact in the future;* 1. Children’s view:
	2. Adults expectation & view:
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| c. Is there a court order relating to the contact? (please circle) | Yes | No |
| If ‘Yes’, please either send a copy or indicate what it specifies. |

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| d. Are any of the children subject to a care plan? |
| d. What other court orders have been made in relation to the child(ren) and when? (please ensure that a copy of the current court order is sent alongside this referral). |
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| e. Can the child (ren) be taken out of the Centre? (please circle) Yes No |
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| f. What is the next court date (if any for current or outstanding)? |

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| 6. Arrival at the Child Contact Centre |
| a. Are the parents willing to meet? (please circle) Yes No |
| b. Will the adult with whom the child(ren) reside be bringing them to and collecting themFrom 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 |
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| 7. Information Relating to Safeguarding of the Child |
| a. Are there or have there been Sexual /Domestic Abuse/Alcohol Abuse/Drug/Substance Abuse or Child Abuse allegations made in this family? (Please circle Yes No). If ‘Yes’, please give details (over page) |
| b. Is this family known to Social Services? (please circle)If ‘Yes’, please give details of current care planYes No If ‘Yes’, please give details (over page) |
| c. Has any person who will be involved in the contact ever been convicted of an offenceYes Noagainst a child (ren)? (please circle) |
| If ‘Yes’, please give details |
|  |
| d. Has there been or is there likely to be a risk of abduction? (please circle) Yes No |
| If ‘Yes’, are procedures in place for holding passports, etc. (please circle) 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. |
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| f. Actual of potential levels of conflict, hostility/anger between adults Yes No |
| g. Mental health issues Yes No |
| H. Cultural issues / Religious issues Yes No |
| I. Financial Yes No |
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| 8. Health & Medical Requirements |
| a. Do any of the adults & children have any illness, allergy, and physical impairment, special needs, learning difficulties or medical requirements? (please circle) If ‘Yes’, please give details Yes No |
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| b. Do any of the adults involved suffer from long-term physical / mental illness |
|  | Or an impairment? (please circle) If ‘Yes’, please give details Yes |  | No |
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| c. Parenting skills (assessment & support) ? Yes No |
| 9. Additional Information |
| a. What language is spoken at home? |
|  | b. Is an interpreter required? (please circle) Yes |  |  | No |
| If ‘Yes’, please give details of the interpreter to be used (include name and organisation if any) |
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| d. Additional background information (Please use a separate sheet if necessary). |
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| e. Ethnicity of children & family |
|  |
|  | BRITISH WHITE |  | OTHER WHITE |  |  |
|  | TURKISH |  | KURDISH |  |
|  | BANGLADESHI |  | OTHER ASIAN |  |

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|  | BLACKCARIBBEAN |  | BLACK AFRICANSOMALI |  |
|  | OTHER BLACKAFRICAN |  | BLACK OTHER |  |
|  | CHINESE |  | MIXEDETHNICITY |  |
|  | ANOTHERETHNICITY |  |  |  |
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| Date of availability for Child & Residential Parent to visit centre for pre visit meeting: |
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| Date of availability for Adult requesting contact to visit centre for pre visit meeting: |
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| Other statutory & voluntary services linked to the family |
|  |
| Name: Profession: |
| Address: |
|  |
| Postcode: |
| Email: Telephone:Fax: |
| Past or present involvement: |
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| CGC ADVISE ALL CLIENTS AND REFERRERS HERE THAT SHOULD WE HAVE ANY CONCERN IN |
| REGARD TO ABUSE OR NEGLECT OF ANY CHILD NAMED WITHIN THIS REFERRAL WE WILL |  |
| AUTOMATICALLY REFER OUR CONCERN TO THE RELEVANT CHILDRENS SERVICES FOR THE |
| CHILD. WE RESERVE THE RIGHT TO DO THIS WITHOUT NOTIFING THE CLIENTS AND OR | THE |
| REFERRERS. |

Parent Signed:……………………………………Date:………………………………………

Referrer Signed: ……………………………………….… Date: ……………………………………

Please return this form to: contact@chancesgiveschoices.com FAO Claire Macklin