

Chances Gives Choices Referral Additional services

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

Wherever possible this form needs to be seen and completed by both parties’ solicitors and any 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

|  |
| --- |
| 1. Children  |
| Name(s)  | Age | Date of birth  | Boy (B), Girl (G)  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| 2. Adult requesting additional services |
| 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. Is there an allocated CAFCASS officer? (please circle)  | Yes  | No  |
| If ‘Yes’, please give details: Name:  |  |  |
| Name of CAFCASS office:  |  |  |
| Address:  |  |  |
|   |  |  |
| Postcode:  | Telephone:  |  |  |
| b. 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;b.1. Children’s view:b.2. Adults expectation & view: |  |  |
| 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.  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| d. What other court orders have been made in relation to the child (ren) and when?  |  |  |
|   |  |  |
| e. Can the child (ren) be taken out of the Centre? (please circle) Yes No  |  |  |
|  |   |  |
| f. What is the next court date (if any)?  |  |  |

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| 6. Direct or indirect service requirements |
| a. Handover service, details in full as to what is required, times, venues, durations, collecting and returning address. |
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| b. Letterbox service, details in full as to what is required, how often, between whom, restrictions for content |
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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 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 plan Yes No If ‘Yes’, please give details (over page)  |
| c. Has any person who will be involved in the contact ever been convicted of an offence Yes No against 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  |
|   |
|   |
| 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  |
|   |  |
|  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  |  |  |
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| --- | --- | --- | --- |
| BRITISH WHITE |  | OTHER WHITE |  |
| TURKISH |  | KURDISH |  |
| BANGLADESHI |  | OTHER ASIAN |  |
| BLACK CARIBBEAN |  | BLACK AFRICAN SOMALI |  |
| OTHER BLACK AFRICAN |  | BLACK OTHER |  |
| CHINESE |  | MIXED ETHNICITY |  |
| OTHER ETHNICITY |  |  |  |

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|   |  |  |
|  Date of availability for Child & Residential Parent to visit centre if required: |  |  |
|   |  |  |
|  Date of availability for Adult requesting contact to visit centre if required:  |  |  |
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|   |  |  |
|   |  |  |

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 families’ attendance will be disclosed unless it is felt that anyone using the Child Contact Centre or a volunteer / staff member is at risk of harm.

Please return this form to: ……………………………………………………………