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| **Prior to Contact:****1.**Please fill in all sections of the referral form and return to **ss****family.CC@gmail.com** **2**. Deposit to be agreed & paid prior to the first session commencing **3.** Contact Agreement to take place between Service User, Contact Centre manager & Adult (client) attending the contact. | **Referral Form***Office Use Only* |
| Date referral received: | 07.09.2023 |
| Date of Contact agreement meeting: |  |
| Date of first contact Session: |  |
| Date Contacts Ended: |  |
| Is a Supervised Contact Report to be completed?(Please tick)  | **□ Yes**□ **No** |

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| 1. **Please Specify who the referral is from:**

  |
| * Local Authority ………………………………………………………….
* Cafcass …………………………………………………………………….
* Family Member……………………………………………………………
* Private Arrangement ……………………………………………………
* Other ………………………………………………………………………

(Please state) |

**Specify Type of Contact: (please tick):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUPERVISED** | **SUPPORTED** | **HANDOVER**  | **ROOM HIRE ONLY** | **OTHER** |
| □ | □ | □ | □ | □ |

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| **2) Referrers Details**  |
| Name: | Team/Section: |
| Address:   |
| Postcode:  | Telephone:E-Mail: |
| **Is a Supervised Contact Report to be completed?**(For supervised Contact session only This incurs additional fee of £10 an hour added to the supervised Contact Sessions bringing the cost up to £65 from £55.00 per hour)  |  |

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| **3.) Child/ren Attending Contact**  |
| Name(s) | Date of birth | Gender | Legal Status (if Applicable) |
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| **4.a) Details of where the child(ren) resides:** |
| Name:  |
| Who with (Relationship to child(ren):  |
| Address:  |
| Postcode:  | Telephone:E-mail:  |
| **4.b) Details of Adult Attending Contact**  |
| Name:  |
| Who with (Relationship to child(ren):  |
| Address:  |
| Postcode:  | Telephone: E-mail: |

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| --- | --- | --- |
| Does this person have legal responsibility? | **□** Yes | **□** No |
| Length of time since  | **a)** last had contact with the Child/ren |
| **b)** Lived with the Child/ren |

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| **5.) Name(s) of other people allowed to attend the contact sessions:**  |
| Name: | Relationship to child(ren) |
|  |  |
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| **6a) Legal Details** |
| **PLEASE PROVIDE S&S FAMILY CONTACT CENTRE WITH COPIES OF ANY:** * **FAMILY COURT DIRECTIONS/ORDERS**
* **CAFCASS REPORTS**
* **SOCIAL CARE REPORTS**
* **OR ANY OTHER RELEVANT DOCUMENTS OR INFORMATION**
 |
| * Is there a Court Order relating to this contact?
 |  |
| * What other Court Order(s) have there been in relation to the children) and when?
 |  |

|  |  |
| --- | --- |
| * Preferred date of first contact?
 |  |
| * How frequently do you require contact to take place?
 |  |
| * How long will each contact last?
 |  |
| * Has a venue already been identified?
 |  |
| **6b) What are your preferred times of the contact sessions?**  |
| **Times** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| **Start:** |  |  |  |  |  |  |
| **End:** |  |  |  |  |  |  |
| **Total Hours:** |  |  |  |  |  |  |

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| **7) Information relating to the safety of the child** |
| * Have there been any sexual/child abuse allegations made in this family?
 |
| □ **Yes** | □ **No** |
| **If ‘Yes,’ please give details?** |
| * Has any person who will be involved in the contact session been convicted of an offence against a child(ren)?
 |
| □ **Yes** | □ **No** |
| **If ‘Yes,’ please give details?** |
| * Please give details of any allegations, undertaking, injunction or convictions relating to violence involving either party, their respective families, or the child(ren)?
 |

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| **8) Health and Medical requirements** |
| * Do any of the children have any illness, allergy, disability, special needs, or medical requirements?
 |
| □ **Yes** | □ **No** |
| **If ‘Yes,’ please give details?** |
| * Do any of the adults involved have a medical condition, mental illness, or disability (including learning disability) likely to affect contact?
 |
| □ **Yes** | □ **No** |
| **If ‘Yes,’ please give details?** |

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| **9) Contact specifics** |
| Why is supervision required? |  |
| What specifically needs observation/intervention |  |

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| **10) Levels of Supervision for Supervised Contacts only** |
| **High –** □Supervisor is in constant site and sound | Reason for chosen Level: |
| **Medium –** □Supervisor may leave the room briefly. | Reason for chosen Level: |
| **Low –** □Supervisor can leave the room on occasions throughout the duration of the session. | Reason for chosen Level: |

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| **11) Supervised Contact permissions** |
| * Are the adults permitted to bring food and drink to the contact?
 | □ **Yes** | □ **No** |
| * Are the adults permitted to pass written information and gifts to the children?
 | □ **Yes** | □ **No** |
| * Are the adults permitted to use mobile phones during the contact?
 | □ **Yes** | □ **No** |

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| **12) Additional information?** |
| * What language is spoken?
 |  |
| * Is an interpreter required?
 | □ **Yes** | □ **No** |
| If ‘Yes,’ please give details of the interpreter being used? |  |
| **13.)** Additional background information *(please use a separate sheet if necessary)* |
|  |

**Please return the completed form to:** SSfamily.CC@gmail.com

**Support & Supervised Family Contact Centre Ltd:** 11468241

**Phone:** 07968448732 – 01406 371041

**Email:** ssfamily.cc@gmail.com

**Website:** [ssfamilycc.com](file:///C%3A%5CAppData%5CRoaming%5CMicrosoft%5CWord%5Cssfamilycc.com)

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**Welland Workspace**, **Business & Training Centre**

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