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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**](mailto: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):**

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| **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? |  |

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| * 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](mailto:SSfamily.CC@gmail.com)

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

**Phone:** 07968448732 – 01406 371041

**Email:** [ssfamily.cc@gmail.com](mailto:ssfamily.cc@gmail.com)

**Website:** [ssfamilycc.com](file:///C:\AppData\Roaming\Microsoft\Word\ssfamilycc.com)

[**NACCC Accredited-1665/2**](https://naccc.org.uk/)

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

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