



## Pre-visit Checklist

<b>Name(s) of children:</b>			
<b>M/F</b>	<b>Name:</b>	<b>AGE:</b>	<b>DOB:</b>
<b>Resident Parent Name:</b>			
<b>Resident Parent Address:</b>			
<b>Resident Parent Tel:</b>			
<b>Resident Parent Email:</b>			
<b>Date/time of pre visit:</b>		<b>Date/time of first contact session</b>	
<b>Confirmation of information given on referral form</b>			
<b>Are the names and ages of children correct?</b>		<b>YES</b>	<b>NO</b>
<b>Are the name, address, and telephone number of the resident parent correct?</b>		<b>YES</b>	<b>NO</b>
<b>Confirm referral details (please tick when confirmed)</b>			
<input type="checkbox"/> <b>Solicitor</b>		<input type="checkbox"/> <b>Children's Services</b>	
<input type="checkbox"/> <b>CAFCASS Officer</b>		<input type="checkbox"/> <b>Other</b>	
<b>Next Court date:</b>			
<b>What is length of time since non-resident parent last:</b>	<b>a) Met child(ren)</b>		
	<b>b) Lived with child(ren)</b>		

<b>Frequency/place of any previous contacts since parents separated</b>		
<b>Does any child have an illness, allergy or special needs of which the Centre needs to be aware?</b>		
<b>Who will be bringing the child to the Centre?</b>		
<b>Will anyone be accompanying you to the Centre?</b>		
<b>Are the parents willing to meet?</b>	<b>YES</b>	<b>NO</b>
<b>Is there an agreement that the child (ren) can be taken out of the Centre with the Contact Supervisor?</b>	<b>YES</b>	<b>NO</b>
<i>If not, please state the reason?</i>		
<b>Confirm dates and times for first and subsequent visits to the Centre.</b>		
<b>Are there any issues or allegations on the referral form that need further discussion?</b>		

**What are the parents' understanding and expectations of contact?**

**Have you informed the parent about: (please tick if informed)**

- Confidentiality/Impartiality of Centre staff/volunteers
- Parent's responsibility for the child(ren) at all times
- Principle of always putting child(ren)'s interests first
- The Centre's rules
- The Centres safety procedures i.e., fire evacuation
- Use of the Centre will be time limited and subject to review
- The importance of notifying the Centre if they cannot attend or arrangements for contact have changed

**Arrangements for leaving afterwards**

The supervisor will see the children in and out of the building

**How do the parents feel, and do they have any concerns?**

**Does the parent have any concerns for his/her own safety?**

**YES**

**NO**

<i>If yes, what are they?</i>		
<b>Are there any concerns about the effect of the contact visit on the children?</b>	<b>YES</b>	<b>NO</b>
<i>If yes, what are they?</i>		
<b>How do the parents feel about the visits and using a Child Contact Centre?</b>		
<b>How is the parent feeling about their own relationship with a child (ren) and how that may change after contact visits?</b>		
<b>Any other concerns or Information</b>		
<b>All the information on this form will remain private and confidential.</b>		
<b>Contact Centre Managers Signature:</b>		

<b>Date:</b>	
<p>I agree to abide by the rules of the Child Contact Centre and will put the needs of my child (ren) first. I confirm that all the information given on this form is accurate to the best of my knowledge. I have read and understand the privacy policy (copies available on request)</p> <p><b>RESIDENT PARENT</b></p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>	

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