



SUPPORT & SUPERVISED
FAMILY CONTACT CENTRE LTD

<p>Prior to Contact</p> <p>1. Please fill in all sections of the referral form and return to the email address below</p> <p>2. Deposit & first contact session to be agreed & paid prior to the first session commencing</p> <p>3. Contact Agreement to take place between Service User, Contact Centre manager & Adult (client) attending the contact.</p>	<p align="center">Referral Form office use only</p>	
	<p>Date referral received:</p>	
	<p>Date of Contact agreement meeting:</p>	
	<p>Date of first contact Session:</p>	
	<p>Date Contacts Ended:</p>	

<p>1) Please Specify who the referral is from:</p>
<p>❖ Local Authority</p> <p>❖ Cafcass</p> <p>❖ Family Member.....</p> <p>❖ Private Arrangement</p> <p>❖ Other (Please state)</p>

Specify Type of Contact: (please tick):

SUPERVISED	SUPPORTED	HANDOVER	ROOM HIRE ONLY	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Referrers Details

Name:		Team/Section:	
Address:			
Postcode:		Telephone:	
		E-Mail:	
Is a Supervised Contact Report to be completed? Supervised Sessions only			

3.) Child/ren Attending Contact

Name(s)	Date of birth	Gender	Legal Status (if Applicable)

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:	
Date of Birth:	
Who with (Relationship to child(ren)):	
Address:	
Postcode:	Telephone:
	E-mail:
Any Convictions Domestic Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	Convictions Against Children <input type="checkbox"/> Yes <input type="checkbox"/> No
Non Molestation Order <input type="checkbox"/> Yes <input type="checkbox"/> No	Prohibited Steps Order <input type="checkbox"/> Yes <input type="checkbox"/> No

Does this person have legal responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Length of time since	a) last had contact with the Child/ren	
	b) Lived with the Child/ren	

5.) Name(s) of other people allowed to attend the contact sessions:

Name:	Relationship to child(ren)

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?	
● How frequently do you require contact to take place?	
● How long will each contact last?	

<ul style="list-style-type: none"> • Has a venue already been identified? 	
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6b) What are your preferred times of the contact sessions?

Times	Mon	Tue	Wed	Thu	Fri	Sat
Start:						
End:						
Total Hours:						

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?

8) Health and Medical requirements

❖ Do any of the children have any illness, allergy, disability, special needs, or medical requirements?

<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes,' please give details?	

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

10) Levels of Supervision for Supervised Contacts only	
High – <input type="checkbox"/> Supervisor is in constant site and sound	Reason for chosen Level:
Medium – <input type="checkbox"/> Supervisor may leave the room briefly.	Reason for chosen Level:
Low – <input type="checkbox"/> Supervisor can leave the room on occasions throughout the duration of the session.	Reason for chosen Level:

11) Supervised Contact permissions

❖ Are the adults permitted to bring food and drink to the contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ Are the adults permitted to pass written information and gifts to the children? ❖	<input type="checkbox"/> Yes	<input type="checkbox"/> No
❖ Are adults permitted to use mobile phones during the contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12) Additional information? Please note we do not Provide Interpreters

❖ What language is spoken?		
❖ Is an interpreter required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes,' please give details of the interpreter being used?		

13.) Additional background information (please use a separate sheet if necessary)

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Please return the completed form to: ssfamily.cc@gmail.com

Support & Supervised Family Contact Centre Ltd: 11468241

Phone: 07968448732

Email: ssfamily.cc@gmail.com

Website: ssfamilycc.com

NACCC Accredited-1665/2

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