c/o Littlehampton Baptist Church,
Fitzalan Road, Littlehampton, BN17 5NY
Tel: 07467 195755
Email: ltonchildcontactcentre@gmail.com

Referral Form for Professionals

Wherever possible this form needs to be seen and completed by both parties' solicitors and/or any other professionals involved with the family. The contact process cannot commence until this form has been completed in full and received by the Centre Co-ordinator. All information will be treated in the strictest confidence unless there is a safeguarding concern.

Please print clearly

Official Use Only	
Referral received	
Date of pre-visit	
Date of first contact	
Dates reviewed	
Contact ended	

1. Children

Name(s)	Age	Date of Birth	Boy(B), Girl (G)

2. Adult Requesting Contact

Name:	
Relationship to child(ren)	
Does this person have legal parental responsibility?	Yes No (please circle)
Length of time since	(a) They met the child(ren)
	(b) They lived with the child(ren)
Address:	
Postcode:	Email:
Telephone: Landline:	Mobile:
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: Landline: Mobile:		Email:
Solicitor's name:		
Name of practice:		
Address:		
Postcode:	Telephone:	Email:

4. Referrer

Name:		Profession:
Address:		
Postcode:	Telephone:	Email:

5. CAFCASS and Contact Orders

a.	Has there been any CAFCASS involvement?	Yes	No (please circle)
b.	Is there an allocated CAFCASS officer:	Yes	No (please circle)

If Yes, please give details

Name:		CAFCASS office:
Address:		
Postcode:	Telephone:	Email:

c. When and where did contact last take place?

d.	Is there a Child Arrangement Programme in place?	Yes	No (please circle)

If yes, please either send a copy or indicate what it specifies

e.	Can the child(ren) be taken out of the Centre?	Yes	No (please circle)

f. When is the next Court date (if any)?

6. Arrival at the child Contact Centre

a. Are the parents willing to meet? Yes No (please circle)

b. Will the adult with whom the child(ren) reside be bringing them to, and collecting them, from the Centre?
Yes No (please circle)

If 'no' who will be bringing / collecting the child(ren)?

c. Names of other people allowed to participate in contact at the Centre

Name	Relationship to child(ren)

7. Information Relating to Safety of Child(ren)

a. Are there, or have there been, any sexual / child abuse allegations made in this family? Yes No (please circle)
If 'yes', please give details :

b. Is this family known to Social Services? Yes No (please circle)
If 'yes', please give details :

c. Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)?
Yes No (please circle)
If 'yes', please give details:

d. Has there been, or is there likely to be, a risk of abduction? Yes No (please circle)
If 'yes', are procedures in place for holding passports etc. Yes No (please circle)

e. Please give details of any allegations, undertakings, injunctions or convictions relating to violence and/or abuse involving either party, their respective families or the children

8. Health & Medical Requirements

a. Do any of the children have any illness, allergy, impairment, special needs or medical requirements?
Yes No (please circle)

If 'yes', please give details :

9. **Additional information**
a. What language is spoken at home?
b. Is an interpreter required? Yes No (please circle) If 'yes', please give details of the interpreter to be used (include name and organization if any)
c. Has his family ever used another Child Contact Centre? Yes No (please circle) If 'yes', please give details – this Centre may be contacted
d. Additional background information (please use a separate sheet if necessary).

I confirm that this form has been completed accurately and to the best of my knowledge. Both parties are aware of, and in agreement with, the referral and have read and understood our privacy statements

Name:…… **Date: ……..**

Signed: ……..

NB Only dates and times of a family's attendance will be disclosed unless it is felt that anyone using the Child Contact Centre, or a volunteer, is at risk of harm.