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

Self Referral Form and Agreement

A separate form needs to be completed by each parent. Contact cannot commence until this form has been completed in full and received by the Child Contact Centre Co-ordinator. All information will be treated in the strictest confidence and is required solely in order to facilitate safe and beneficial child contact. A risk assessment will be completed from this referral.

Section 1 – Children				
Name(s)	Age	Date of Birth	Male ✓	Female ✓

Section 2 – Parent information			
Please tick	I am the Resident Parent (my child lives with me) ☐	I am the Non Resident Parent (my child does not live with me) ☐	
Name:		Parental responsibility? Yes/No	
Relationship to the child(ren):			
Date when you last met your child(ren).	Date when you last lived with your child(ren).		
Your address: Post code:			
Email:			
Contact telephone number			

Section 3 – Agencies (Please complete all the sections that are relevant)	
Solicitor Solicitor's Name:	Solicitor's reference:
Name and address of Practice Post code:	
Email	
Contact telephone number	

CAFCASS Allocated Officer's name:	CAFCASS Office:
Address: Post code:	
Email	
Contact telephone number	

Court Order
Please send or attach a copy of the Court Order
Please ensure that copies of any subsequent Court Orders made in respect of Child Contact are provided to the Centre at the earliest possible time.
What other Court Orders have been made in relation to the children or either parent? Please give details of the order.
Can the children be taken out of the Centre? (Please circle) Yes/No
What is the next court date, if any?

Mediation Services
Name of Practice:
Address: Post code:
Email
Contact telephone number

Social Services
Name of Social Worker:
Email
Contact telephone number

Any other relevant agency involvement
Name and address: Post code:
Reference number:
Email:
Contact telephone number:

Section 4 – Arrival at Littlehampton Child Contact Centre	
Are the parents willing to meet? (please circle) Yes/No	
Who will be bringing the child(ren) to the Centre:	
Is permission given for photos? (please circle) Yes/No	
Is permission given for gifts? (please circle) Yes/No	
Will anyone else be attending the Contact Centre? *NB: It is not always possible for the centre to facilitate additional family members in the contact sessions. The decision will be made by the Co-ordinator. Permission must be obtained each time additional family members are to attend.*	
Name	Relationship to child

Section 5 – Safety Information

Does the child/children have a disability, illness, allergy, learning difference or medical requirement? Yes/No
If yes, please give details.

Do any of the adults involved suffer from physical/mental illness or impairment? Yes/No
If yes, please give details.

Are there or have there been sexual/child abuse allegations made in this family? Yes/No
If yes, please give details.

Is there a history of domestic abuse within the family? Yes/No
If yes, please give details.

Has any person who will be involved in contact ever been convicted of an office against a child? Yes/No
If yes, please give details.

What level of risk do you feel exists in relation to the following (please tick ✓)

TYPE OF RISK	HIGH	MEDIUM	LOW	NONE
Abuse				
Abduction				
Violence/Harassment				

Please describe risks – general issues, home environment, behaviour, Domestic abuse, Drugs/alcohol etc. Please consider the whole family.

What evidence is this based on?

What are the 'triggers' or circumstances likely to increase risk, and what evidence is this based on?

Are there any previous incidents (frequency etc), including any criminal activity/convictions? Yes/No
If yes, please give details.

Section 6 – Additional information
What languages are spoken at home?
What does the child understand about attending the Contact Centre?
What other information do you feel would be beneficial for the Centre to know?

Section 7 – Agreement
• I confirm that the information contained within this form is to the best of my knowledge both accurate and true • I agree to abide by the rules of the centre if I am offered a place • I understand that the centre reserves the right to either refuse or terminate contact if I have withheld any information or behave in a way that breaks the centres rules • I give my permission for outside agencies to be contacted with the purpose of providing extra information that will support my referral

Signed	Print Name	Relationship to the child (Resident or Non Resident parent)	Date
		Littlehampton Child Contact Centre	