

## Self Referrals – Referral Form and Agreement

### Resident Parent

This form should be completed in full before any contact is considered

#### Contact Details

Name:

Address:

Telephone Number:

Mobile:

Email:

Children's Names

DOB:

Age:

Gender

### Relationship

When did your relationship with the children's father/mother end?

Why did your relationship with the children's father/mother end?

#### Has your family ever been known to or been involved with any of the following

CAFCASS Yes      No

If yes please give dates and details

Social Services Yes      No

If yes please give dates and details

The Courts Yes      No

If yes please give dates and details and any further reviews planned

Mediation services Yes      No

If yes please give dates and details

Do you have any concerns relating to domestic violence, drugs alcohol or mental health issues? Yes      No

If yes please give details

Do you have any convictions? Yes      No

If yes please give details

**Previous Contact**

When and where did contact last take place?

Who was involved in the contact?

Why did the contact breakdown?

If they are old enough to understand how do you think the children feel about having any contact?

**Arrangements for Contact**

When would you like contact at the centre to take place and for how long?

**Who will be bringing the children to the centre?**

Who will be collecting the children from the centre?

Will anybody else be involved in the contact?

If yes has the non-resident parent agreed to this?

Would you agree to anyone other than the non-reident parent having contact with your child(ren). If yes who?

Is there any risk of abduction? Yes      No

Are you prepared to meet the child(ren's) father/mother? Yes      No

Will staggered arrival and departure times be required? Yes      No

Are you agreeable to the child(ren's) mother/father taking photographs? Yes      No

Who has parental responsibility?

Are you agreeable to the children being taken out of the centre? Yes      No

Do any of the children have any illnesses or allergies?

What language is spoken at home?

Will an interpreter be needed? Yes      No

Are there any other issues you feel the centre needs to be aware of?

## 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.

Signed		Resident Parent
Print name		Resident Parent
Signed		Chiltern Child Contact Centre
Print name		Chiltern Child Contact Centre
Date		