Self Referrals - Referral Form and Agreement



This form should be completed in full before any contact is allowed to commence 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 Mediation services Yes No If yes please give dates and details Mediation services Yes No If yes please give dates and details Do you have any concerns relating to domestic Yes No	Non-Resident Parent (Contact Parent)					
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If yes please give dates and details						
			5	No		
Do you have any concerns relating to domestic Yes No	If yes please give dates and detail	S				
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			5	NO		
violence, drugs alcohol or mental health issues? If yes , please give details						

Do you or the resident parent 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 and have a vie contact?	w, how do	the children feel about having	any
Arrangements for Contact			
When would you like contact at the centre to take p	lace and fo	or how long?	
When would you like contact at the centre to take p	iace and re		
Will anybody else be involved in the contact?			
Are you in contact with/able to talk to the other parent/adult involved in the contact?	Yes	No	
Mill and a last to the second		-2	
Will anybody be accompanying you on your visits to	tne centre	e: 	
Are you prepared to meet the children's	Yes	No	
father/mother?			
Will staggered arrival and departure times be required?	Yes	No	
Who has parental responsibility?			

Will you be wanting to take the children out of the	Yes	No		
centre?				
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.
- I confirm having received a copy of the Centre's Privacy Policy

Signed	Non-Resident Parent
Print name	Non-Resident Parent
Signed	Child Contact Centre
Print name	Child Contact Centre
Date	