

Pudsey Child Contact Centre



Wherever possible this form needs to be seen and completed by both parties' solicitors and any other professionals involved with the family.

Contact cannot commence until this form has been completed in full and received by the Centre Coordinator.

All information will be treated in the strictest confidence.

Please print clearly

| Office use only | |
|-----------------------|--|
| Referral received | |
| Date of Pre-visit | |
| Date of first contact | |
| Dates Reviewed | |
| Contact ended | |

| | | |
|---|------------------|-------------------|
| 1. Referrer | | |
| Name: | Profession: | |
| Address: | | |
| | | |
| Postcode: | Telephone: | |
| 2. Children | | |
| Name(s) | Date of birth | Boy = B, Girl = G |
| | | |
| | | |
| | | |
| 3. Adult with whom the child(ren) reside | | |
| Name: | | |
| Relationship to child(ren) | | |
| Address: | | |
| | | |
| Postcode: | Telephone: | |
| Solicitor's name: | Solicitor's ref: | |
| Name of practice: | | |
| Address: | | |
| | | |
| Postcode: | Telephone: | |
| 4. Adult requesting contact | | |
| Name: | | |

| | | | |
|--|-----------------------------|------------------|----|
| Relationship to child(ren): | | | |
| Does this person have legal parental responsibility? (please circle) | | Yes | No |
| Length of time since: | a) They met children | | |
| | b) They lived with children | | |
| Address: | | | |
| | | | |
| Postcode: | | Telephone: | |
| Solicitor's name: | | Solicitor's ref: | |
| Name of practice: | | | |
| Address: | | | |
| | | | |
| Postcode: | | Telephone: | |
| 5. CAFCASS, Contact Orders & Contact | | | |
| a. Is there an allocated CAFCASS officer? (please circle) | | Yes | No |
| If 'Yes', please give details. Name: | | | |
| Name of CAFCASS office: | | | |
| Address: | | | |
| | | | |
| Postcode: | | Telephone: | |
| b. When and where did contact last take place? | | | |
| c. Is there a court order relating to the contact? (please circle) | | Yes | No |
| If 'Yes', please either send a copy or indicate what it specifies. | | | |
| | | | |
| | | | |
| d. What other court orders have been made in relation to the child(ren) and when? | | | |
| | | | |
| | | | |
| e. If there is no contact order, have the parents agreed that the child can be taken out of the Centre (please circle) | | Yes | No |
| f. What is the next court date (if any)? | | | |

| 6. Arrival at the Child Contact Centre | | |
|---|-----------------------|----|
| a. Are the parents willing to meet? (please circle) | Yes | No |
| b. Will the adult with whom the child(ren) reside be bringing them to and collecting them from the Centre? (please circle) | Yes | No |
| If 'No', who will be bringing / collecting the child(ren)? | | |
| c. What is the preferred date of first contact at the Centre? | | |
| d. How frequently will contact take place? | | |
| e. For how long will each visit last? | | |
| f. Names of other people allowed to participate in contact at the Centre: | | |
| Name | Relationship to child | |
| | | |
| | | |
| | | |
| 7. Information Relating to Safety of the Child | | |
| a. Are there or have there been sexual / child abuse allegations made in this family? (please circle). If 'Yes', please give details (over page) | Yes | No |
| b. Is this family known to Social Services? (please circle) If 'Yes', please give details (over page) | Yes | No |
| c. Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)? (please circle) | Yes | No |
| If 'Yes', please give details | | |
| | | |
| d. Has there been or is there likely to be a risk of abduction? (please circle) | Yes | No |
| e. If 'Yes', are procedures in place for holding passports, etc. | Yes | No |
| e. Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party, their respective families or the children. | | |
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| | | |
| 8. Health & Medical Requirements | | |
| a. Do any of the children have any illness, allergy, disability, special needs or medical requirements? (please circle) | Yes | No |
| If 'Yes', please give details | | |
| | | |
| b. Do any of the adults involved suffer from long-term physical / mental illness or a disability? (please circle). If 'Yes', please give details | Yes | No |

| | | |
|--|-----|----|
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| | | |
| 9. Additional Information | | |
| a. What language is spoken at home? | | |
| b. Is an interpreter required? (please circle) | Yes | No |
| If 'Yes', please give details of the interpreter to be used (include name and organisation if any) | | |
| | | |
| c. Has this family ever used another Child Contact Centre? (please circle) | Yes | No |
| If 'Yes, please give details (this Centre may be contacted). | | |
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| | | |
| d. Additional background information (Please use a separate sheet if necessary). | | |
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I have explained the rules of the Child Contact Centre to my client and given them a copy of the Centre's leaflet / guidelines. This form has been completed accurately and to the best of my knowledge.

Signed: **Date:**

N.B. Only dates and times of families attendance will be disclosed unless it is felt that anyone using the Child Contact Centre or a volunteer / staff member is at risk of harm.

Please return this form to:

BY RETURN EMAIL TO: PUDSEYCHILDCONTACTCENTRE@UK2.NET