families forward
reducing conflict creating relationships

REFERRAL FORM

Which service do you require?

Supervised contact	£50.00 per hour	
Supported contact	£30.00 per hour	
Handover contact	£25.00 per session	
Letterbox	Price on request	

Which centre do you wish to attend?

Leeds	
Bradford	
Wakefield	

Frequency required (circle as appropriate)	Weekly	Fortnightly	Monthly	Other .....
Please state parties preferred availability to attend (circle as appropriate)	Tuesday	Thursday	Friday	Saturday

1. Parties

	Resident Party	Contact Party
Name		
Gender	M/F	M/F
Address (must be completed		
Telephone Number		
Solicitor details (name, firm, address,contact telephone number and email		
Date of birth		
Ethnic Origin (optional)		

2. Children

Name	Gender	Date of birth	Name of carer
	M/F		
	M/F		
	M/F		
	M/F		
	M/F		

Is this referral ordered by the Court (If yes, a copy of the Order must accompany the referral form)	Yes	No

3. Referrer

Name	
Agency and address	
Telephone Number	
Emergency Telephone Number (Saturdays only)	

4. Languages spoken at home

First language:	Other language:

Is an interpreter needed for contact? If yes, this must be agreed prior to contact started and agreed through an independent organisation (ie not friends or family). Please note, the cost of any interpretation service must be met by the parties	Yes	No

5. Does the child/ren, young person/s speak English?

Not at all		Too Young		With difficulty		Fluently	

6. Does the child/ren, young person/s have a medical condition or disability that we need to be aware of?

Yes		If yes, please give details
No		

7. **Does the child/ren, young person/s have a learning/behavioural disorder?**

Yes		If yes, please give details
No		

8. **Does the party seeking contact have a medical condition or disability (including a learning difficulty) that we need to be aware of?**

Yes		If yes, please give details
No		

9. **Why does the contact need to be supervised?** (This section must be completed. Please give details, eg concerns of abuse, history of substance misuse/violence, no contact for some time. Include any prior convictions/cautions committed by either party)

10. **What is the purpose/plan of supervised contact?** (Please give as much information as possible to avoid delay)

11. **Is there, or has there been, any other agencies involved, eg Social Services/CAFCAS/Domestic Violence programme** (If yes, please attach any reports completed or contact details for other professionals involved)

12. **Has contact previously taken place at any other contact centre, and why was it stopped?**

13. **We hereby undertake that we have answered the above questions to the best of our knowledge**

Referrer

Signed:	Date:
Status:	

Parties

Resident Party	**Contact Party**
Signed:	Signed:
Date:	Date:

- A date and time for the first appointment will be allocated only on receipt of this form and referral fee of £40.00.
- Withdrawal of a referral at any time must be notified to Families Forward immediately
- If reports (other than observations sheets) are required, this must be agreed prior to the start of contact and will not be provided until payment arrangements are in place.

Please return referral form to:

Families Forward
Oaktree House, 408 Oakwood Lane, Leeds LS8 3LG

Telephone 0113 235 9322
Fax 0113 240 1209

Email info@familiesforward.org.uk