

# Self Referrals – Referral Form and Agreement

TRING CHILD CONTACT CENTRE Membership No. 359/3

## A Safe Place to Meet



### Non-Resident Parent (Contact Parent)

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

The Courts 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 violence, drugs alcohol or mental health issues? Yes No

If yes please complete risk assessment and give details

|  |  |  |
|--|--|--|
| Do you or the resident parent have any convictions?    Yes                  No   |  |  |
| If yes please give details   |  |  |
| <b>Previous Contact</b>  |  |  |
| 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 view, how do the children feel about having any contact?                         |  |  |
| <b>Arrangements for Contact</b>  |  |  |
| When would you like contact at the centre to take place and for how long?  |  |  |
| 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 |  |  |
| Will anybody be accompanying you on your visits to the centre?   |  |  |
| Are you prepared to meet the children's father/mother?                  Yes                  No                                  |  |  |
| 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 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     |  | Non-Resident Parent       |
| Print name |  | Non-Resident Parent       |
| Signed     |  | _____Child Contact Centre |
| Print name |  | _____Child Contact Centre |
| Date       |  |                           |