## **Altrincham Referral Form (Standard for Supported Contact)**

Altrincham Child Contact Centre: The Hub, Pownall Road, Altrincham, WA14 2SZ



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	

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1. Children					
Name(s)			Age	Date of birth	Boy (B), Girl (G)
2. Adult requesting	contact				
Name:					
Relationship to child(ren):					
Does this person have legal parental responsibility? (please circle)  Yes  No					res No
Length of time since:	a) They met children				
	b) They lived with children				
Address:					
Postcode:	Telephone:				
Solicitor's name:	olicitor's name: Solicitor's ref:				
Name of practice:					
Address:					
Postcode:					
Email: Telephone:					
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:				
Email:	Telephone:			
4. Referrer				
Name:	Profession:			
Address:				
Postcode:				
Email:	Telephone:			
5. CAFCASS, Contact Orders & Contact				
a. Has there been any CAFCASS involvement? (please circle)			Yes	No
b. Is there an allocated CAFCASS officer? (please circle)		Yes	No	
If 'Yes', please give details: Name:				
Name of CAFCASS office:				
Address:				
Postcode:	Telephone:			
c. When and where did contact last take place?				
d. 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.				
e. What other court orders have been made in relation to the child(ren) and when?				
f. Can the contact adult take photographs? (please indicate)			Yes	No
f. Can the child(ren) be taken out of the Centre? (please indicate)		Yes	No	
g. What is the next court date (if any)?				

6. Arrival at the Child Contact Centre			
a. Are the parents willing to meet? (please indicate)		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 Cen	tre?		
d. How frequently will contact take place?			
e. For how long will each visit last?	e. For how long will each visit last?		
f. Names of other people allowed to participate in cont	act at the Centre:		
Name Relationship to child			
7. Information Relating to Safety of the C	hild		
a. Are there or have there been sexual / child abuse allegations made in this family? (please circle). If 'Yes', please give details (over page)			No
b. Is this family known to Social Services? (please circle) If 'Yes', please give details (over page) 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
If 'Yes', are procedures in place for holding passports, etc. (please circle)		Yes	No
e. Please give details of any allegations, undertakings, either party, their respective families or the children		iolence ii	nvolving
8. Health & Medical Requirements			
a. Do any of the children have any illness, allergy, important or medical requirements? (please circle) If 'Yes', please circle)	-	Yes	No

b. Do any of the adults involved suffer from long-term physical / mental illness or an impairment? (please circle) If 'Yes', please give details		Yes	No
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 organisa	tion 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).			
d. Additional background information (Please use a separate sheet if necessary).			
I have explained the rules of the Child Contact Centre to my client and give Centre's leaflet / guidelines. This form has been completed accurately and			
knowledge and shown to the parties solicitors.			
Signed: Date:			
N.B. Only dates and times of families attendance will be disclosed unless it		at anyoi	ne
using the Child Contact Centre or a volunteer / staff member is at risk of ha		h De	ا مال ا
Please return this form to:Kevin Windeler, Altrincham Child Contact Centre Altrincham, WA142SZ(marked Private & Confidential)			