



## PROFESSIONALS REFERRAL FOR PRIVATE FAMILY CONTACT

Office use only	
Referral Received:	
Reg fee paid:	
Date of pre-visit –resident parent/guardian:	
Date of pre-visit – non resident parent/guardian:	
Date of first contact:	
Contact ended:	

**PLEASE NOTE CONTACT REPORTS ARE ONLY PROVIDED FOR SUPERVISED CONTACT ALL OTHER SERVICES DO NOT HAVE REPORTS SUPPLIED**

Referrer:			
Name:		Company:	
Address:			
Phone:		Fax:	
Email:			
Acting on behalf of:			

Type of contact service requested	
Supervised Contact <input type="checkbox"/>	Supervised Community Contact <input type="checkbox"/>
Supported Contact <input type="checkbox"/>	Handover <input type="checkbox"/>

Preferred contact times/days (please tick):							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Frequency	
Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>
Monthly <input type="checkbox"/>	Other: _____
Dates specified in the Court Order:	
How long do you anticipate using the Contact Centre?	

### Personal Information:

Applicant	
Name:	
Address:	
Postcode:	
Work Tel:	
Home Tel:	
Mobile:	
Email:	
Relationship to child:	

Respondent	
Name:	
Address:	
Postcode:	
Work Tel:	
Home Tel:	
Mobile:	
Email:	
Relationship to child:	

Applicant's Solicitor	
Name:	
Company:	
Address:	
Postcode:	
Telephone:	
Fax:	
Email:	

Respondent Partner's Solicitors	
Name:	
Company:	
Address:	
Postcode:	
Telephone:	
Fax:	
Email:	



<b>Children's Details:</b>			
<b>Name</b>	<b>Age/Date of Birth</b>	<b>Male/Female</b>	<b>Living with whom?</b>

<b>Additional Information:</b>
<b>Who has parental responsibility?</b>
<b>Adult requesting contact:</b>
<b>Length of time since they met children</b>
<b>Length of time since they lived with children</b>

<b>CAFCASS, Contact Orders &amp; Contact</b>			
<b>Is there an allocated CAFCASS officer?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If yes, please provide details:</b>			
<b>Name:</b>			
<b>Name of CAFCASS office:</b>			
<b>Address:</b>			
<b>Postcode:</b>		<b>Telephone:</b>	

<b>When and where did contact last take place?</b>	
<b>Is there a court order relating to the contact?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If 'Yes', please either send a copy or indicate what it specifies:</b>	
<b>What other court orders have been made in relation to the child (ren) and when?</b>	
<b>Can the child(ren) be taken out of the centre?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is the next court date (if any)?</b>	





Additional Information	
What languages are spoken at home?	
Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give details of the interpreter to be used (including name and organisation if any)	
Has this family ever used another Child Contact Centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give details (this Centre may be contacted)	
<b>Additional background information (please use a separate sheet if necessary)</b>	

Please use the space below to elaborate on any points:

Reason for requesting to use the Contact Centre (please list reasons below)

**PLEASE NOTE OUR PAYMENT TERMS – All fees must be paid 7 days in advance of contact**

*I have explained the rules of the Child Contact Centre to my client and have supplied my client with a copy of the Terms and Conditions. This form has been completed accurately and to the best of my knowledge.*

Signed: ..... Date: .....

Print Name: ..... Relationship to child: .....

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:
<b>By Post:</b> NRS Contact Centres, The Old Fire Station, 340 Lewisham High Street, London, SE13 6LE
<b>By Fax:</b> 0208 690 9015
<b>By Email:</b> info@nrscontactcentres.co.uk
NRS Contact Centre can only process the referral once we have received the non-refundable registration fee of £168.00 is to be paid. This will include a separate pre visit meeting for both parties (Failure to attend scheduled meeting without 24 hours prior notice will incur an additional meeting fee being charged) Cheques are only accepted from Solicitors and must be addressed to Network Ventures Ltd