

PROFESSIONALS REFERRAL FOR PRIVATE FAMILY CONTACT

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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

D. C.		SERVICES	S DO NOT	'AH	VE REPORTS	SUPPLIED		
Referrer:	Name:				Company:			
	ress:							
P	hone:					Fax:		
Е	Email:					l l		
Acting on beh	alf of:							
Type of contact of	corvino rogi	uested						
Type of contact s Supervised Co		uestea		S	upervised Com	munity Cont	act 🗆	
Supported Co					andover	indinity Cont	act 🔟	
Preferred contact times/days (please tick):								
	Monday	Tuesday	Wednes	day	Thursday	Friday	Saturday	Sunday
AM PM								
		l	I		I	I		
Frequency								
Weekly □		Fortnightly \square		М	onthly \square	0	ther:	
Dates specified in	the Court C	order:						
How long do you a	anticipate us	sing the Contact	Centre?					
Personal Informa	ation:							
Applicant Name:					Respondent Name:			
Address:					Address:			
Postcode:					Postcode:			
Work Tel:					Work Tel:			
Home Tel:					Home Tel:			
Mobile:					Mobile:			
Email:				1	Email:			
Relationship to				 	Relationship t	to		
child:					child:			
Applicant's Solic	itor			Respondent Partner's Solicitors				
Name:					Name:			
Company:					Company:			
Address					Address			
	1			1		1		
				1				
Postcode:				1	Postcode:			
Telephone:				 	Telephone:			
Fax:				 	Fax:			
Email:				!	Email:			
Eman.					Liliail.			



Children's Details:				
Name	Age/Date of	f Birth	Male/Female	Living with whom?
Additional Information:				
Who has parental responsibility?				
Adult requesting contact: Length of time since they met childre	n			
20.19th of time since they met cillure	••			
Length of time since they lived with c	hildron			
Length of time since they lived with c	niiaren			
CAFCASS, Contact Orders & Contact				
Is there an allocated CAFCASS office	r? Y	es 🗆	No □	
If yes, please provide details:				
Name:				
Name of CAFCASS office:				
Address:				
Postcode:		Telephone	.	
		Тогорич	·	
When and where did contact last take place?				
Is there a court order relating to the c	ontact? Yes	N D 8	No 🗆	
If 'Yes', please either send a copy or i	ndicate what it sp		<u> </u>	
What other court orders have been m	ade in relation to	the child (ren) and when?	
That other court orders have been in	ade in Telation to	the child (ion, and when?	
Can the child(ren) be taken out of the	Yes □	No □		
centre? What is the next court date (if any)?				



Arrival at t	the Child Contact Centre					
	arties willing to meet?		Yes		No □	
Will the adult with whom the child(ren) resides be bringing them to and collecting them from the centre?					No □	
	will be bringing/collecting the child	d(ren)?				
Names of both partie		ipate in contact at the centre as agree	ed in co	urt or co	nsented by	
Name		Relationship to child				
Name	Relationship to child					
Name		Relationship to child				
Name		Relationship to child			-	
Informatio	n Relating to the Safety of the C	hild				
Are there of	r have there been sexual/child abu	use allegations made in the family?	Yes		No □	
Is this fami	ase give details (over page) ly known to Social Services?		Yes	. 🗆	No □	
	ase give details (over page) erson who will be involved in the co	ontact ever been convicted of an	Yes		No □	
	'Yes', please give details below					
Has there h	pean or is there likely to be a risk o	of abduction? If 'Yes', please give details	s helow	Yes □	No □	
rias triere i	been of is there likely to be a risk of	i abduction: ii Tes, piease give details	BOOW	163 🗀	110 🗆	
	procedures put in place for holding		Yes		No 🗆	
	e details of any allegations, underta respective families or the children	aking, injunctions or convictions relating	to violer	nce involv	/ing either	
	party been ordered to attend a Doi please provide certificate of compl	mestic Violence Programme (if so pleas letion)	e provid	e start an	id end date). If	
Health and	Medical Requirements					
	he children have illness, allergy, in	npairment, special needs or medical		Yes □	No □	
requiremen	its! II Tes, piease give details be	IOW				
	he adults involved suffer from long ase give details below	-term physical/mental illness or impairm	ent?	Yes □	No □	
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Additional Information		
What languages are spoken at home?		
Is an interpreter required?	Yes □ N	No 🗆
If 'Yes', please give details of the interpreter t	o be used	
(including name and organisation if any) Has this family ever used another Child Conta	t C t 2	Vec D. No D.
If 'Yes', please give details (this Centre may be		Yes No
, , , , , , , , , , , , , , , , , , , ,	ŕ	
Additional background information (please	e use a separa	te sneet if necessary)
Please use the space below to elaborate o	n any points:	
Reason for requesting to use the Contact	Centre (please	list reasons below)
PLEASE NOTE OUR PAYMENT	TERMS – All fe	ees must be paid 7 days in advance of contact
I have explained the rules of the Child Co	ontact Centre to	my client and have supplied my client with a copy of the
		leted accurately and to the best of my knowledge.
Signed:		Date:
•		
Print Name:		Relationship to child:
		be disclosed unless it is felt that anyone using the Child staff member is at risk of harm
Please return this form to:		
By Post: NRS Contact Centres, The Old Fire	Station, 340 Le	ewisham High Street, London, SE13 6LE
By Fax: 0208 690 9015		
By Email: info@nrscontactcentres.co.uk		
NRS Contact Centre can only process the referral on		d the non-refundable registration fee of £168.00 is to be paid. This t meeting for both parties
(Failure to attend scheduled meeting witho	ut 24 hours prior n	otice will incur an additional meeting fee being charged) nust be addressed to Network Ventures Ltd