



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

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

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

Arrival at the Child Contact Centre			
Are you willing to meet your former partner?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the adult with whom the child(ren) resides be bringing them to and collecting them from the centre?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'No', who will be bringing/collecting the child(ren)?			
Names of other people permitted to participate in contact at the centre as agreed in court or consented by both parties			
Name		Relationship to child	
Name		Relationship to child	
Name		Relationship to child	
Name		Relationship to child	



Information Relating to the Safety of the Child		
Are there or have there been sexual/child abuse allegations made in the family? <i>If 'Yes' please give details (over page)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this family known to Social Services? <i>If 'Yes' please give details (over page)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)? <i>If 'Yes', please give details below</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has there been or is there likely to be a risk of abduction? <i>If 'Yes', please give details below</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', are procedures put in place for holding passports, etc	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give details of any allegations, undertaking, injunctions or convictions relating to violence involving either party, their respective families or the children		
Please give details of any allegations, undertaking, injunctions or convictions relating to violence involving either party, their respective families or the children		

Health and Medical Requirements		
Do any of the children have illness, allergy, impairment, special needs or medical requirements? <i>If 'Yes', please give details below</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do any of the adults involved suffer from long-term physical/mental illness or impairment? <i>If 'Yes', please give details below</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

