

# GUILDFORD CONTACT CENTRE REFERRAL FORM

[guildfordcontactcentre@gmail.com](mailto:guildfordcontactcentre@gmail.com)

07532 802828 (alt no 07780606605)

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	

1. Referrer		
Name:	Profession:	
Address:		
Postcode:	Telephone:	
2. Children		
Name(s)	Date of birth	Boy = B, Girl = G
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:	Telephone:	

<b>4. Adult requesting contact</b>			
Name:			
Relationship to child(ren):			
Does this person have legal parental responsibility? (please circle)		Yes	No
Length of time since:	a) They met children		
	b) They lived with children		
Address:			
Postcode:		Telephone:	
Solicitor's name:		Solicitor's ref:	
Name of practice:			
Address:			
Postcode:		Telephone:	
<b>5. CAFCASS, Contact Orders &amp; Contact</b>			
a. Is there an allocated CAFCASS officer? (please circle)		Yes	No
If 'Yes', please give details: Name:			
Name of CAFCASS office:			
Address:			
Postcode:		Telephone:	
b. When and where did contact last take place?			
c. 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. ( Copy will be required before contact commences)			
d. What other court orders have been made in relation to the child (ren) and when?			
e. If there is no contact order, have the parents agreed that the child can be taken out of the Centre (please circle)		Yes	No
f. What is the next court date (if any)?			

<b>6. Arrival at the Child Contact Centre</b>		
a. Are the parents willing to meet? (please circle)	Yes	No
b. Will the adult with whom the child (ren) resides 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 Centre?		
d. How frequently will contact take place?		
e. For how long will each visit last?		
f. Names of other people allowed to participate in contact at the Centre:		
Name	Relationship to child	
<b>7. Information Relating to Safety of the Child</b>		
a. Are there or have there been convictions relating to sexual / child abuse in this family? (please circle). If 'Yes', please give details (over page)	Yes	No
b. Is this family known to Social Services? (please circle) 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 <u>risk</u> of abduction? (please circle)	Yes	No
e. Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party, their respective families or the children.		
<b>8. Health &amp; Medical Requirements</b>		
a. Do any of the children have any illness, allergy, disability, special needs or medical requirements? (please circle)	Yes	No
If 'Yes', please give details		
<b>b. Doctor's Name and address:</b>		

