

Supervised Child Contact Referral Form &

Risk Assessment– Version 1.0 dated Feb '22

Confidentiality & data protection

All details will be dealt with in strict confidence unless authorised to release, or in the event of safeguarding issues involving children or vulnerable adults.

This form must be completed in full. Once completed, please email to contact@surreycontactcentre.org

Please note there is a one-off £45 registration fee which must be paid in advance. This fee includes an initial assessment.

Office use only	
Date referral received	
Case Reference	
Type of Contact	
Interpreter booked	
Pre-visit/assessment date	
1 st contact date	
Review Date	
Contact end date	
£45 Registration fee paid	

1. Children			
Name(s)	Age	Date of birth	Gender
2. Please confirm who is making this referral (insert name in correct section)			
Are you the Resident parent? (children live with you)			

Are you the Non-resident parent? (children do not live with you)	
Are you a 3 rd party referrer (ie CAFCASS, social worker, solicitor)	

3. Third Party Referrer (if you are not a parent/carer applying for contact)	
Name:	Profession (if applicable):
Address:	
Postcode:	
Email:	Telephone:

4. Type of Contact Required & Frequency (please tick)			
P			
	Weekly	Monthly	Other
Supervised Contact			
Supported Contact			
Handover			
Indirect Contact			
Virtual Contact			
Community Contact			
Life Story/identity Contact			
Room Hire			
McKenzie Friend			

5. Who will be paying for the Contact sessions?
Please state:
6. Adult requesting Contact
Name:

Relationship to child(ren):	
Does this person have legal parental <input type="checkbox"/> Yes <input type="checkbox"/>	
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:	
Email:	Telephone:

7. Adult with whom the child(ren) reside	
Name:	
Relationship to child(ren):	
Address:	
Postcode:	Telephone:
Email:	Date of birth:
Solicitor's name (if applicable) :	Solicitor's ref
Name of practice:	
Address:	

Postcode:	
Email:	Telephone:

8. CAFCASS, Contact Orders & Contact

a. Is there an allocated CAFCASS officer?		<input type="checkbox"/>	<input type="checkbox"/> 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 Child Arrangement Programme/order in place?		<input type="checkbox"/>	<input type="checkbox"/> No
If 'Yes', please send a copy and indicate here what it specifies.			
d. Can the child(ren) be taken out of the Centre?		<input type="checkbox"/>	<input type="checkbox"/> No
e. What is the next court date (if any)?			
f. Do either of the parent's contact details need to remain undisclosed from the other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Arrival at the Child Contact Centre

a. Are the parents willing to meet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'No', what arrival/departure measures are to be put in place?	
b. Will the adult with whom the child(ren) reside be bringing them to and collecting them from the Centre? <input type="checkbox"/> Yes <input type="checkbox"/> 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 long will each visit last?	
f. Names of other family members allowed to participate in contact at the Centre:	
Name	Relationship to child

10. Information Relating to Safety of the Child

a. Are there or have there been sexual / child abuse allegations made in this family?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
If 'Yes, please give details		
b. Is this family known to Social Services?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
If 'Yes, please give details		
c. Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
If 'Yes, please give details		
d. Has there been or is there likely to be a risk of abduction?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
If 'Yes', are procedures in place for holding passports, etc.		
	<input type="checkbox"/>	<input type="checkbox"/>
	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.		

11. Risk Assessment

Please indicate which of the following have affected or are continuing to affect the family you are referring and what is the current level of risk:

Safeguarding children	Yes/No/Allegation	High	Low	None
Physical Abuse Sexual Abuse:				
Emotional Abuse:				
Neglect:				
Risk of Abduction:				
Other potential concerns				
Domestic abuse:				
Conflict between adults:				
Alcohol abuse:				
Drug/substance abuse:				
Mental health issues:				
Cultural issues:				
Religious issues:				
Immigration / asylum:				
Financial issues:				
Medical condition adult/child:				
Physical impairments adult/child:				
Learning difficulties adult/child:				
Parenting skills:				
Involvement of other family members in the contact:				
Risk of violence towards staff:				
Risk of violence towards family members:				
Risk of self-harm:				
Criminal Convictions				
Dangerous pets / killed pets				

Schedule 1 Offender				
Assault with a weapon				
Other (please specify):				
Please give further details of any risks/concerns:				

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

13. Additional Information	
a. What language is spoken at home?	
b. Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please give details of the interpreter to be used (include name and organisation if any)	
c. Has this family ever used another Child Contact Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes, please give details (this Centre may be contacted).	

d. Additional background information (Please use a separate sheet if necessary).

14. Ethnic Origin (Please tick the appropriate category)

<input type="checkbox"/> White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other White
<input type="checkbox"/> Mixed – White/Black	<input type="checkbox"/> White/Black African	<input type="checkbox"/> White/Asian	<input type="checkbox"/> Other mixed
<input type="checkbox"/> Asian/Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other Asian background
<input type="checkbox"/> Black/Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other Black background
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know	

Both parties are aware of and in agreement with the referral and have read and understood the Contact Centre rules and privacy statement.

This form has been completed accurately and to the best of my knowledge.

Name:

Signed (Please type your name if filling in on a computer)

Date:

14. First Steps Surrey Child Contact Centre Rules

Ct Centre Rules

1. Please do not bring any other person with you to the centre unless previously agreed at the information meeting.
2. Any person displaying violence, bad language, intimidation or aggression inside or directly outside of the contact centre will automatically lose their place at the centre.
3. Aggressive and intimidating conduct towards staff will not be tolerated and may lead to place being withdrawn.
4. Any person arriving at the centre under the influence of drugs or alcohol will be asked to leave immediately and will lose their place.
5. Smoking is not permitted inside the grounds of the centre.
6. You must not access any other part of the building apart from the waiting room and the toilet, or where instructed.
7. When a child is taken to the toilet, the Supervisor must be able to see and hear the adult with the child at all times in the toilet/bathroom.
8. If you do not attend 2 contact sessions without informing the contact centre of a valid reason, your place will be allocated to another family.
9. Children are the responsibility of parents at all times. Staff are at hand to help if needed.
10. If contact has been delayed for whatever reason, the session may still go ahead only for the remaining time left.
11. Visitors must arrive 10 -15 minutes prior to the escorting person and child arriving. The visitor must stay behind 10 -15 minutes after the session has ended.
12. Please switch off mobile phones/tablets/other devices during contact sessions. Videoing is not allowed on our premises.
13. Please DO NOT take photos of your children unless staff have confirmation that this has previously been agreed by the other parent. Please tell a volunteer when you would like to do so.
14. Please ensure that all toys brought to the centre are suitable, safe and appropriate. DO NOT bring any balloons, flying toys, toy guns etc while at our centre.
15. Please note staff (during supported contact) do not write reports or comment on contact sessions unless we feel there is a safeguarding issue. Only dates and times of attendance will be given out upon request.
16. Please do not ask your children to pass gifts or belongings, money or messages (either verbally or written) to your ex-partner.
17. We have the right to check that gifts/cards/letters to children are appropriate and to run them past the other parent to ensure they are deemed suitable.
18. We take data protection very seriously. Please do not discuss your situation with volunteers/staff in front of your children or other families.

Please read and sign the Centre Rules below:

I agree to and will adhere to the Centre Rules / My Client has been issued a copy of the Contact Centre Rules and is in agreement.

Signed **Date**

Please return this form along with any court orders to: contact@surreycontactcentre.org