



EASTLEIGH CHILD CONTACT CENTRE

Referral form

- Please read the 'Guidelines for Referrers' before completing this form.
- It is a requirement that parents and children attend a pre-visit to visit prior to contact starting at Eastleigh Child Contact Centre.

Preferred Session: AM 10-12 PM 12.30-2.30

Contact cannot commence until this form has been completed in full and received by the centre co-ordinator. All information will be treated in the strictest confidence.

<i>Office use only</i>	
Referral received	
Date of first contact	
Contact ended	

1. Referrer:	Name: _____		
Address: _____			
Postcode: _____			
Telephone no: _____		Email: _____	
2. Adult with whom child(ren) reside:	Name: _____		
	Relationship to child(ren): _____		
	Address: _____		
Postcode: _____			
Telephone: _____			
Solicitor's name: _____			
Address: _____			
Telephone: _____			
Email: _____			
3. Adult requesting contact	Name: _____		
	Relationship to child(ren): _____		
	Is a Parental responsibility order in place?		Yes No
	Address: _____		
Postcode _____			
Telephone: _____			
Solicitor's name: _____			
Name of practice: _____			
Address: _____			
Telephone: _____			
Email: _____			

Name(s) of Child(ren)	Date of birth	Boy = B, Girl = G
5. Is there an allocated CAFCASS officer? (please circle)		Yes No
If 'Yes', please give details below.		
Name:		
Name of CAFCASS office:		
Address:		
Postcode:		
Telephone:		
Has your case been referred to Mediation services		Yes No
If 'Yes', please give details below.		
Name:		
Contact Details:		
6. When and where did contact last take place?		
7. Is there a court order relating to contact? (please circle)		Yes No
If 'Yes', please either send a copy or indicate what it specifies.		
8. What other court orders have been made in relation to the child(ren) and when?		
9. If there is no contact order, have the parents agreed that the child can be taken out of the Centre? (please circle)		Yes No

	Yes	No
10. Are the parents willing to meet? (please circle)		
11. Will the adult with whom the child(ren) reside be bringing them to and collecting them from the Centre? (please circle)	Yes	No
If 'No', who will be bringing / collecting the child(ren)?		
12. What is the proposed date of first contact at the Centre?		
13. How frequently will contact take place?		
14. For how long will each visit last?		
15. Name(s) of other people allowed to participate in contact at the Centre:		
16. Are there or have there been sexual / child abuse allegations made in this family? (please circle)	Yes	No
If 'Yes', please give details		
17. Is this family known to Social Services? (please circle)	Yes	No
If 'Yes', please give details		
18. 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		

19. Has there been or is there likely to be a risk of abduction?	Yes	No
If 'Yes', please give details		
20. Please give details of any undertakings, injunctions, fact finding hearings or convictions relating to violence involving either party, their respective families or the children or whether resident parent and children are in hiding.		
Please also indicate whether there are any allegations relating to domestic abuse involving any of the parties (including whether children were witness to this).		
21. Do any of the children have specific needs or medical requirements?	Yes	No
If 'Yes', please give details		

22. Do any of the adults involved suffer from long-term physical / mental illness or a disability? (please give details) or are there issues with drugs / alcohol that ECCC should be aware of?		Yes	No
If 'Yes', please give details			
23. What language is spoken at home?			
24. Is an interpreter required? (please circle)		Yes	No
25. Has this family ever used another Child Contact Centre?		Yes	No
If 'Yes', please give details: where / when / reasons why stopped			
26. Additional background information			
<i>Please use a separate sheet if necessary. Please return this form to the referral contact address or you can fax it on 023 8073 9860.</i>			

I have explained the rules of the Child Contact Centre to my client and given them a copy of the Centre's leaflet / guidelines. Both parties agree to the information included in this form.

Signed: _____ Date: _____

Print name:

January 2018