

# Referral Form Knock / Bangor / Newtownards Child Contact Centres

**Please state which centre**

**This form requires to be seen and completed by both parties' solicitors and any other professionals involved with the family.**

In order to make the children's visits safe, beneficial & enjoyable, contact cannot commence until this form has been completed in full and received by the Centre Coordinator, and separate pre-visits attended.

**If the form is not completed it will be returned and will result in a delay in contact.**

All information will be treated in the strictest confidence.

Office use only	Ref No:
Referral received	
Info appt resident adult	
Info appt contact adult	
Date of pre-visit	
Date of first contact	
Dates reviewed	
Contact ended	

**Please print clearly**

<b>1. Children</b>			
Name(s)	Age	Date of birth	Boy (B), Girl (G)
Do(es) the child(ren) know why they are coming to a contact centre and whom they will be meeting? Yes/No			
If not, what preparation is in place to help them understand the situation?			
<b>2. 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 child(ren)		
	b) They lived with child(ren)		
Address/Postcode:			
<b>Client's Email:</b>		<b>Client's Mobile number:</b>	
Solicitor's name:		Solicitor's ref:	
Name of practice:			
Address/Postcode:			
Email:		Telephone:	

<b>3. Adult with whom the child(ren) resides</b>			
Name:			
Relationship to child(ren):			
Address/Postcode:			
<b>Client's Email:</b>		<b>Client's Mobile number:</b>	
Solicitor's name:		Solicitor's ref	
Name of practice:			
Address/Postcode:			
Email:		Telephone:	
<b>4. Referrer</b>			
Name:		Profession:	
Address:			
Postcode:			
Email:		Telephone:	
<b>5. Court Welfare Officer/Social Worker, Contact Orders &amp; Contact</b>			
a. Is there an allocated Court Welfare Officer / Social Worker? (please circle)		Yes	No
If 'Yes', please give details: Name:			
Name of Social Services office:			
Address:			
Postcode:		Telephone:	
b. When and where did contact last take place?			
c. Are proceedings in the Family Courts?		Yes	No
<b>If 'Yes', what is the next court date?</b>			
d. Is there a court order relating to the contact? (please circle)		Yes	No
<b>If 'Yes', please send a copy</b>			
<b>Please consult with the Centre if a Final Order is in place / under consideration</b>			
e.. Have any other court orders been made in relation to the child(ren)? (Please circle)		Yes	No
<b>If 'Yes', please attach a copy</b>			
f. Can the child(ren) be taken out of the Centre? (please circle)		Yes	No

<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) reside be bringing them to and collecting them from the Centre? (please circle)	Yes	No
<b>If 'No', who will be bringing / collecting the child(ren)?</b> NB Under no circumstances will the Centre accept unaccompanied children for contact		
c. Is there any reason why presents cannot be given to the children?	Yes	No
d. Does any court order exist restricting the taking of photographs?	Yes	No
<b>NB Photographs can be taken of the child(ren) in line with our photographic policy (attached) unless a court order prohibits this. Videos/recordings are not permitted</b>		
<b>e. Please state which Centre:</b> <b>Knock</b> (Wed 3-5/5-7 & Sat 10-12) <b>Ards</b> (Wed 3-6) <b>Bangor</b> (Thurs 4-6) * <u>please confirm your client is aware of the correct day/time</u>		
f. What is the preferred date of first contact at the Centre? <b>Note: Contact will commence at earliest two weeks (waiting list depending) after receipt of a completed referral form as Contact Assessment Meetings must be attended prior to contact starting. We cannot confirm the referral will be accepted until our assessment is completed. The centre will offer a maximum of two pre contact assessment meetings If not attended the referral will be closed, unless there are exceptional mitigating circumstances.</b>		
g. How frequently will contact take place?		
h. How long will each visit last?		
i. Names of other people allowed to participate in contact at the Centre: <b>Please note any other parties using the centre are subject to the same agreements regarding contact, policies/procedures and appropriate use of the Centre.</b>		
Name	Relationship to child(ren)	
<b>7. Information Relating to Safety of the Child &amp; Contact Centre</b>		
a. Are there or have there been sexual / child abuse allegations made in this family? (please circle).	Yes	No
If 'Yes', please give details:		

b. Does this family have any current involvement with Social Services? (please circle)	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 / children? (please circle)	Yes	No
If 'Yes', please give details:		
d. Has there been or is there likely to be a risk of abduction? (please circle)	Yes	No
If 'Yes', are procedures in place for holding passports, etc. (please circle)		
e. Has any person who will be involved in the contact ever been convicted of any criminal offence? (please circle)	Yes	No
If 'Yes', please give details:		
f. Are there any other details of any allegations, undertakings, injunctions relating to violence against anyone? (please circle)	Yes	No
If 'Yes', please give details:		
<b>8. Health &amp; Medical Requirements</b>		
a. Do any of the children have any illness, allergy, behavioural issues, special needs or medical requirements? (please circle)	Yes	No
If 'Yes', please give details:		
b. Do any of the adults involved suffer from long-term physical / mental illness or impairment? (please circle)	Yes	No
If 'Yes', please give details:		
c. Do any of the adults involved suffer from any drug / alcohol addictions? (please circle)	Yes	No
If 'Yes', please give details:		

Is a Hair Follicle Test required before contact can progress out of the centre? If 'Yes', has this been applied for?	Yes Yes	No No
Please indicate proposed timescale to complete HFT.		
<b>Please note that following the failure of two or more HFT's the centre reserves the right to terminate contact.</b>		
<b>9. Additional Information</b>		
a. What language is spoken at home?		
b. If an interpreter is required, please advise the centre of the arrangements (include name and organisation)		
c. Has this family ever used another Child Contact Centre?	Yes	No
If 'Yes, please give details		
<b>Please note that failure to disclose this information may result in a referral not being accepted, or contact being terminated .</b>		
d. Is there an expectation as to how long parents may need to use the centre? (please circle)	Yes	No
Please provide details :		
e. Is there an agreed exit strategy? (please circle)	Yes.	No
Please provide details:		
f. Additional background information (Please use a separate sheet if necessary).		


**I have explained the rules of the Child Contact Centre to my client and given them a copy of the Centre's leaflet / guidelines. This form has been completed accurately and to the best of my knowledge.**

**I acknowledge that if during the attendance to the contact centre a change in circumstances occurs whereby my client has pending criminal proceedings or conviction, I will notify the centre immediately.**

Signed: .....

Date: .....

Please return this form to the relevant Child Contact Centre.  
KNOCK: [knock@kabchildcontact.org](mailto:knock@kabchildcontact.org)  
BANGOR: [bangor@kabchildcontact.org](mailto:bangor@kabchildcontact.org)  
ARDS: [ards@kabchildcontact.org](mailto:ards@kabchildcontact.org)