Self Referrals – Referral Form and Agreement

Resident Parent

This form should be completed in full before any contact is allowed to commence

Contact Details

Name:			
Address:			
Telephone Number: Mobile:			
Email:			
Children's Names	DOB:	Age:	Gender
Name, address and email address of ex-partner:			

Relationship

When did your relationship with the children's father/mother end?

Why did your relationship with the children's father/mother end?

Has your family ever been known to or been involved with any of the following

CAFCASS	Yes	No
If yes please give dates and details		
Social Services	Yes	No
If yes please give dates and details		
The Courts	Yes	No
If yes please give dates and details		

Mediation services	Yes	No
If yes please give dates and details		
Do you have any concerns relating to domestic violence, drugs alcohol or mental health issues?	Yes	No
If yes please give details		
Do you or the non-resident parent have any convictions?	Yes	No
If yes please give details		

Previous Contact

When and where did contact last take place?

Who was involved in the contact?

Why did the contact breakdown?

If they are old enough to understand and have a view, how do the children feel about having any contact?

Arrangements for Contact

How long would you like your contact session to last? We are open from 12 – 3 p.m. on the second and fourth Saturdays of each month.

Do you understand that nobody else can attend for contact with the visiting parent? Yes No

Who will be bringing the children to the centre?

Who will be collecting the children from the centre?

Are you aware that nobody else may accompany you to the Centre?
Is there any risk of abduction? Yes No
Are you prepared to meet the children's father/mother? Yes No
Who has parental responsibility?
Are you agreeable to the children being taken out of the centre? Yes No
Do any of the children have any illnesses or allergies?
What language is spoken at home?
Will an interpreter be needed? Yes No
Are there any other issues you feel the centre needs to be aware of?

Agreement

- I confirm that the information contained within this form is to the best of my knowledge both accurate and true.
- I agree to abide by the rules of the centre if I am offered a place
- I understand that the centre reserves the right to either refuse or terminate contact if I have withheld any information or behave in a way that breaks the centres rules.

Signed		Resident Parent
Print name		Resident Parent
Signed		Avenue Child Contact Centre
Print name		Avenue Child Contact Centre
Date		

Please send completed referral to:

Avenue Child Contact Centre
C/o Avenue Baptist Church
Milton Road
Westcliff-on-Sea
Essex
SS0 7JX

****** Please note that you MUST address any correspondence to AVENUE CHILD CONTACT CENTRE as we will not receive it otherwise. ******