Self Referrals – Referral Form and Agreement

Non-Resident Parent (Contact 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:			
Do you have a solicitor? What are their contact details?			

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 below		
Do you or the 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

For how long would you like your contact sessions to last? (We are open from 12 – 3 p.m. on the second and fourth Saturdays of each month) ***Please note that at present we are very busy and only able to offer one hour's contact to start with. We will increase your time when we are able to.***

Are you aware that nobody else can attend the contact centre with you? **YES/NO**

Are you in contact with/able to talk to the other parent/adult involved in the contact?	Yes	No
Are you prepared to meet the children's father/mother?	Yes	No
Who has parental responsibility?		
Will you be hoping to take the children out of the centre?	Yes	No
Do any of the children have any illnesses, allergies or special needs?		
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		Non-Resident Parent
Print name		Non-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

And enclose a cheque or Postal Order for £30 made out to: ***Avenue Child Contact Centre.*** If you would prefer to pay by bank transfer please email our administrator who will send you details. This payment is for the administration costs to set up the contact visits and is not refundable even if

no contact takes place. This needs to be made in advance of the contact commencing to enable the processing of the referral.