

Chesterfield Child Contact Centre

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.

Office Use Only

Referral received
Date of first contact
Contact ended

Please read the 'Guidelines for Referrers' before completing this form.

1. Referrer:		Name:	
Address:			
Telephone no:			
2. Adult with whom child(ren) reside:		Name:	
		Relationship to child(ren):	
		Address:	
Telephone:			
Alternative telephone: (e.g. if custodial parent does not collect on time)			
Solicitor's name and practice:			
Address:			
Telephone:			
3. Adult requesting contact:		Name:	
		Relationship to child(ren):	
		Address:	
Telephone:			
Solicitor's name and practice (if necessary)			
Address:			
Telephone:			
4. Name(s) of Child(ren)		Date of Birth	Boy=B, Girl=G
5. Is Cafcass involved? (please circle)		YES	NO
Name:			
Address:			
Telephone:			
6. When and where did contact last take place?			
7. Is there a court order relating to contact? (please circle)		YES	NO
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
10. Are the parents willing to meet? (please circle)		YES	NO
11. Will the adult with whom the child(ren) reside be bringing them to and collecting them from the Centre? (please circle)		YES	NO
12. What is the proposed date of first attendance at the Centre? (subject to availability). The first attendance is for children to familiarise themselves with the Centre and first contact is the following week.			

13. How frequently will contact take place? (subject to availability)		
14. For how long will each visit last? (subject to availability)		
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) If YES please give details a) involving the children b) involving an adult wishing to use the Centre	YES YES	NO NO
17. Is this family known to Social Services? (please circle) If YES please give details	YES	NO
18. Has any person who will be involved in the contact ever been convicted of an offence against child(ren)? (please circle) If YES please give details	YES	NO
19. Please give details of any undertakings, injunctions or convictions relating to violence involving either party, their respective families or the children. Are there any allegations or history of domestic violence?		
20. Do any of the children have specific needs or medical requirements? If YES please give details	YES	NO
21. Do any of the adults involved suffer from long-term physical/mental illness or a disability? If YES please give details	YES	NO
22. What language is spoken at home?		
23. Is an interpreter required? (please circle)	YES	NO
24. Has this family ever used this or another Child Contact Centre? (please circle) If YES please give details	YES	NO
25. Please add additional background information on a separate sheet. Wherever possible we would like parents and children to visit a Child Contact Centre prior to contact starting.		

I have explained the rules of the Chesterfield Child Contact Centre to my client as described in the Parents Agreement and enclose a copy duly signed by the parent. If there is a Court Order, I enclose a copy of any Court Order and a cheque for £25 payable to Chesterfield Child Contact Centre.

Signed Date

Please return this form to: The Co-ordinator – ring 0780 378 5305

**NCH Derbyshire Family Mediation
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Chesterfield
Derbyshire
S41 7PH**