

| <b>**For Office use only**</b> |  |
|--------------------------------|--|
| Referral received date         |  |
| Date of pre-visit              |  |
| Date of the first contact      |  |
| Date contact will be reviewed  |  |
| Contact end date               |  |

Please note; Contact will not commence until this form has been fully completed and received by the Contact Coordinator.

All information will be treated in the strictest confidence. This form may need to be seen and completed by all the individuals and professionals involved with the family.

| 1. Children                               | Forename | Surname | Age                           | DOB                            | Gender                         |
|---|----------|---------|-------------------------------|--------------------------------|--------------------------------|
|   |          |         |                               |                                |                                |
|   |          |         |                               |                                |                                |
|   |          |         |                               |                                |                                |
|   |          |         |                               |                                |                                |
| 2. Adult/s requesting contact             | Forename | Surname | Relationship to the child/ren | Parental Responsibility Yes/No | Do you live with the child/ren |
|   |          |         |                               |                                |                                |
|   |          |         |                               |                                |                                |
|   |          |         |                               |                                |                                |
|   |          |         |                               |                                |                                |
| Name of parent /carer child/ren live with |          |         |                               |                                |                                |
| Address where child/ren live:             |          |         |                               |                                |                                |
| Parent/carer phone number:                | Mobile:  |         |                               | Landline:                      |                                |
| Email address:                            |          |         |                               |                                |                                |
| Address of person                         |          |         |                               |                                |                                |



*Contact Referral Form*

|                              |                |  |                  |
|------------------------------|----------------|--|------------------|
| <b>seeking contact</b>       |                |  |                  |
| <b>Telephone number</b>      | <b>Mobile:</b> |  | <b>Landline:</b> |
| <b>Email address:</b>        |                |  |                  |
| <b>Interpreter required?</b> |                |  |                  |
| <b>Disability</b>            |                |  |                  |

| 3. Name of professional involved        | Name of practice | Address | Telephone | Email address | Reference number |
|---|------------------|---------|-----------|---------------|------------------|
|   |                  |         |           |               |                  |
|   |                  |         |           |               |                  |
|   |                  |         |           |               |                  |
|   |                  |         |           |               |                  |
|   |                  |         |           |               |                  |
|   |                  |         |           |               |                  |
| 4. Name of Referrer if not parent/carer | Profession       | Address | Telephone | Email address | Reference number |
|   |                  |         |           |               |                  |
|   |                  |         |           |               |                  |
|   |                  |         |           |               |                  |
|   |                  |         |           |               |                  |

341 Lower Addiscombe Road  
 Croydon, CR0 6RG  
 Telephone 020 8689 8023  
 Email: [enquiries@negotiatorsltd.co.uk](mailto:enquiries@negotiatorsltd.co.uk)



*Contact Referral Form*

| 5. Court Orders  | Name of Court     |    | Case number                | Filing Date  |
|--|-------------------|----|----------------------------|--------------|
|  |                   |    |                            |              |
|  |                   |    |                            |              |
|  |                   |    |                            |              |
| <b>6. Arrival at Family Centre</b>                                     | Yes               | No | Are there any restrictions |              |
| Are the parents willing to meet - please tick                          |                   |    |                            |              |
| Have you agreed who will transport the children to and from the Centre |                   |    |                            |              |
| <b>7. Type of contact requested</b>                                    | <b>Supervised</b> |    | <b>Supported</b>           | <b>Other</b> |
| <b>A.</b> What is the preferred date of the first contact              |                   |    |                            |              |
| <b>B.</b> What is the duration and frequency of contact at the Centre. |                   |    |                            |              |
| <b>C.</b> Expected end date if known or number of sessions required    |                   |    |                            |              |
| <b>D.</b> Will there be any other family/friends attending contact?    |                   |    |                            |              |
| <b>E.</b> Is there anyone <b>not allowed</b> to attend this contact?   |                   |    |                            |              |

341 Lower Addiscombe Road  
Croydon, CR0 6RG  
Telephone 020 8689 8023  
Email: [enquiries@negotiatorsltd.co.uk](mailto:enquiries@negotiatorsltd.co.uk)

**Contact Referral Form**

| Name | Relationship to the child/ren |
|------|-------------------------------|
|      |                               |
|      |                               |
|      |                               |

|   |  |
|---|--|
| <b>8. Information Relating to Safety of the child</b>   |  |
| a. Are there or have there been sexual/ child abuse in this family. If yes, please give details   |  |
| b. Is this family known to Social Services<br>If yes, please give details.  |  |
| c. Has any person who will be involved in the contact ever been convicted of an offence against children<br>If yes please give details.   |  |
| d. Has there been or there likely to be a risk of abduction.<br>If yes, please give details.  |  |
| e. Are there procedures in place for holding the child/rens passport.<br>If yes, please give details.   |  |
| f. Please give details of any allegations, undertakings, injunctions or convictions relating to violence, alcohol or drugs involving either party, their respective families or the children. |  |
| <b>9. Health &amp; Medical Requirements</b>   |  |
| a. Does any child or children have any illness, allergy, impairment, special needs or medical requirements?<br>If yes, please give details.   |  |

341 Lower Addiscombe Road  
Croydon, CR0 6RG  
Telephone 020 8689 8023  
Email: [enquiries@negotiatorsltd.co.uk](mailto:enquiries@negotiatorsltd.co.uk)

**Contact Referral Form**

|   |  |
|---|--|
| <p>b. Does any of the adults involved suffer from long-term physical/ mental illness or impairment?<br/>If yes, give details.</p>             |  |
| <p><b>10. Additional information</b><br/>Please give brief summary of reasons requesting contact and expected direction for this contact.</p> |  |
| <p>a. What language is spoken in the home?</p>  |  |
| <p>b. Have the family used a contact centre before.<br/>If yes, give details.</p>   |  |

| <b>Are there any restrictions regarding the following?</b>                     |  |
|--|--|
| Photos<br>(camera/mobile)?   |  |
| Videos   |  |
| Presents   |  |
| Food/feeding   |  |
| Are there any restrictions regarding the use of a mobile phone during contact? |  |
| Restrictions regarding changing the child's                                    |  |

341 Lower Addiscombe Road  
Croydon, CR0 6RG  
Telephone 020 8689 8023  
Email: [enquiries@negotiatorsltd.co.uk](mailto:enquiries@negotiatorsltd.co.uk)

