

### Supervised Referral Form

\*\*\*\* Please complete and attach our Risk Assessment Form and Social Worker Consent Form \*\*\*\*

Referrers		
1) Please fill out all sections clearly Failure to do so may delay your Client's referral to the Centre		
2) Please ensure you have read our referral procedure and understand the timescales involved		
3) If you have any questions, please contact the Centre Co-ordinator on 0208 924 0207		
4) Ensure the additional forms are attached:		
Risk Assessment Form	YES	NO
Social Worker Consent Form	YES	NO

Office Use Only	
Date form was received in the office:	
Date of interview (if criteria is met)	
Office Ref:	
Contact Start Date:	
Contact End Date:	
Review Dates:	
<b>Report/s:</b>	<b>Date:</b>

**1 Referrers Details**

Name:			
Organisation:			
Referrers Address:			Postcode:
Tel No.:		Fax No.:	Mobile No.:
Name of Line / Team Manager:		Tel No.:	
Date of Referral:			

**Invoice Details**

Please state who is to be invoiced for this contact (including their contact address and telephone number)

Invoice To:			Attn of:
Invoice Address:			Postcode:
Tel No.:		Purchase Order No.:	

Family Name?			
Who is Contact Between?			

**Reports**

Detailed Report?	(Assessment framework categories)	Yes	No	
Summary Report?	(Brief details and any concerns)	Yes	No	

**2 Child/ren Attending Contact**

Name:				DOB:			
Gender:	M	F		Age:			
Ethnicity:				First Language:			
Placement / Family Address: (Delete as appropriate)						Postcode:	
Does the child/ren have any specific religious / cultural requirements?				Yes	No		
Does the child/ren have any illnesses, allergies, disabilities, special needs or medical requirements?					Yes	No	
If Yes, to either of the above, please give details:							
Date child became known to child/ren services?							
Is the child subject to a care order?		Yes	No				
If yes, please specify:							
Is child on CPP?	Yes	No	Category/s:				
If yes, please specify:							

Name:				DOB:			
Gender:	M	F		Age:			
Ethnicity:				First Language:			
Placement / Family Address: (Delete as appropriate)						Postcode:	
Does the child/ren have any specific religious / cultural requirements?				Yes	No		
Does the child/ren have any illnesses, allergies, disabilities, special needs or medical requirements?					Yes	No	
If Yes, to either of the above, please give details:							
Date child became known to child/ren services?							
Is the child subject to a care order?		Yes	No				
If yes, please specify:							
Is child on CPP?	Yes	No	Category/s:				
If yes, please specify:							

### 3 Supervised Contact Details

Name of person attending Contact:					DOB:	
Address:						Postcode:
Tel No.:					Mobile No.:	
Relationship to the Child:						Ethnicity:
First Language:					Interpreter Required:	Yes No
Parental Responsibility:		Yes	No	Comments:		

Name of person attending Contact:					DOB:	
Address:						Postcode:
Tel No.:					Mobile No.:	
Relationship to the Child:						Ethnicity:
First Language:					Interpreter Required:	Yes No
Parental Responsibility:		Yes	No	Comments:		

#### Contact Timetable

Date Contact to Begin:					Frequency of Session:	
Time Required:					Duration of Session:	
Days Required:						
What period of time should be allowed for late arrivals of parents before the visit is cancelled?						
Review Date:					Proposed End Date:	
Are written contact reports required?		Yes	No			
Would contact reports be used as evidence in court proceedings?				Yes	No	

#### Levels of Supervision

Number of Supervisors Required? (Please state number you think would be appropriate)						
Constant Supervision? Supervisor remains in sight and sound of child		Yes		No		
General Supervision? Supervisor does not need to remain in sight at all times e.g. toileting		Yes		No		

#### Reason for Supervision

Description detailing reason of Supervision:						
What is the purpose of Contact - Outcome:						

### Details of Transport / Escorting Required

Do you require us to escort child/ren to and/or from contact?		Yes	No	
If yes, please provide details of address and times etc.				
If no, please provide details of how child/ren will get to contact				
Is a car seat required?	Yes	No	If yes, what type?	
Are both parties aware of this referral?	Yes	No		
Are both parties willing to meet?	Yes	No		

### Details of Other Adults / Family Attending Contact

Name:				DOB:	
Address:					
	Postcode:				
Tel No.:			Mobile No.:		
Relationship to the Child/ren:					
First Language:			Interpreter Required:	Yes	No

Name:				DOB:	
Address:					
	Postcode:				
Tel No.:			Mobile No.:		
Relationship to the Child/ren:					
First Language:			Interpreter Required:	Yes	No

**If the person requiring contact is under sixteen years, please give details of the adult who will be accompanying them:**

Name:					
Address:					
	Postcode:				
Tel No.:			Relationship to Contact:		

**4 Addresses to be kept Confidential**

School / Nursery:	
Name Contact(s):	
Time of Start / Finish:	
Contact Number(s):	

**5 Resident Parent/Carer's Details (please delete as applicable)**

Name:					
Address:					Postcode:
Tel No.:			Mobile No.:		
Relationship to the Child:					
First Language:			Interpreter Required:	Yes	No
Parental Responsibility:	Yes	No	Comments:		

**N.B. Please note that it is our policy to ask children and parents to self identify ethnicity and religion.**

**6 People NOT to Attend**

Name:	
Name:	
Name:	
Name:	
Name:	

**7 Social Workers Details**

Name of Allocated Social Worker:					
Borough:					
Office Address:					Postcode:
Tel No.:			Fax No.:	Mobile No.:	
Email Address:					
Team:					
Team Manager:				Tel No.:	
Review Dates:					
Court Dates:					
Final Hearing Dates:					
Date this form was completed and by whom:					

**8 Contact Orders and Contact Details**

Is there an allocated CAFCASS Officer?		Yes	No	If yes, please give the following information:	
Name:					
Job Title:					
Name of CAFCASS Office:					
Office Address:					
		Postcode:			
Tel No.:		Fax No.:		Mobile No.:	
Email Address:					
When and where did the last contact take place?					
Is there a court order relating to the contact?		Yes	No	<b>If yes, please send a copy of the order with this form</b>	
Are there any other court orders in relation to the child/ren?		Yes	No		
If yes, please give date of order:		Please give next court date if applicable:			

**Child Protection**

Child Protection Issues?		Yes	No		
If yes, please provide details:					
Are any of the following issues likely to impact on proposed contact?				Yes	No
Culture?	Yes	No			
Ethnicity?	Yes	No			
Religion?	Yes	No			
Travel?	Yes	No			
Finances?	Yes	No			
If yes, please provide details:					
<b>Nature of issue</b>			<b>How may it affect contact?</b>		

**9 Is there solicitor involvement? If yes, please give details.**

**Contact Parent's Solicitor's Details**

Name:			
Firm:			
Office Address:			Postcode:
Tel No.:		Fax No.:	Mobile No.:
Email Address:			

**Residents Parent's Solicitor's Details**

Name:			
Firm:			
Office Address:			Postcode:
Tel No.:		Fax No.:	Mobile No.:
Email Address:			

**10 Any Other information, which will enable supervised contact to meet the child/rens needs**

--

**11 Declaration is to be signed by referrer**

This form is completed accurately to the best of my knowledge.	
Referrer's Signature:	Date:
_____	_____
Name:	

**Please ensure you complete and sign a Risk Assessment and a Social Workers Consent Form,  
then send it to Westwood House Child Contact Centre.**