

Supported Referral Form

**** Please complete and attach our Risk Assessment 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 form is attached:		
Risk Assessment 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:	
Report/s:	Dates:

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?		

Type of Work

Assessment	Yes	No	
If Yes, please specify which type:			
Support	Yes	No	
Parenting	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 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	

4 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?

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 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:			

7 Please describe the type of work you want us to do including any assessment criteria / type of activities / restrictions etc.

8 Any Other information, which will enable supported contact to meet the child/rens needs

9 Declaration is to be signed by Referrer:

Failure to detail information that may put staff and others at risk could result in the contract being terminated with no financial loss to Westwood House Child Contact Centre Ltd. Any damage to property or staff caused as a result of not disclosing information at the time of referral will be the responsibility of the referring agency.

This form has been completed accurately to the best of my knowledge.

Referrer's Signature: _____ Date: _____

Name: _____

Please ensure you complete and sign a Risk Assessment Form and send it to Westwood House Child Contact Centre.