##

**Professional Referral Form**

|  |  |
| --- | --- |
| **When completed this form should be sent to:** **Referrals@Parentingapartcentreeast.co.uk****Or posted to c/o Schofield House, Spar Road, Norwich, NR6 6BT** |  |
| Private Law referrals will need to, where possible ensure this form is seen and completed by both parties’ solicitors and any other professionals involved with the family.Contact cannot commence until this form has been completed in full and payment received by the ManagerAll information will be treated in the strictest confidence.Please print clearly if handwriting | **Office use only** |
| Referral received |  |
| Payment received |  |
| Date of first contact |  |
| Dates reviewed |  |
| Contact ended |  |
|  |  |
| **Children** |
| Name(s) | Age | Date of birth | Boy (B), Girl (G) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Adult seeking contact** |
| Name: |
| Relationship to child(ren): |
| Does this person have legal parental responsibility? (please circle) | Yes | No |
| Length of time since: | a) They met children |
|  | b) They lived with children |
| Address: |
|  |
| Postcode: | Telephone: |
| Is there a solicitor involved? | Yes No |
| Solicitor’s name: | Solicitor’s ref: |  |
| Name of practice: |
| Address: |
|  |
| Postcode: |
| Email: | Telephone: |
| **Main carer**  |
| Name: |
| Relationship to child(ren): |
| Address: |
|  |
| Postcode: | Telephone: |
| Solicitor’s name: | Solicitor’s ref |  |
| Name of practice: |
| Address: |
|  |
| Postcode: |
| Email: | Telephone: |
| **Referrer**  |
| Name: | Profession: |
| Address: |
|  |
| Postcode: |
| Email: | Telephone: |
| Invoice details (LA commissioning) |
| **CAFCASS** |
| Is there an allocated CAFCASS officer? (please circle) | Yes | No |
| If ‘Yes’, please give details: Name: |
| Name of CAFCASS office: |
| Address: |
|  |
| Postcode: | Telephone: |
| **Service Required – please tick** **Please**  |
|

|  |  |  |
| --- | --- | --- |
| Indirect Contact |  |  |
| Parental Resolution Sessions |  |  |
| Norwich Handover at the centre or community |  |  |
| Supervised Contact preparation sessions (mandatory for all parties prior to starting contact) |  |  |
| Norwich Supervised Contact in the centre or community |  |  |
| Norwich Supported Contact in the centre (private room suitable for children/parents/grandparents who may struggle with large rooms full of children in the usual supported contact environment) or community |  |  |
| Great Yarmouth Centre Supported Contact (Referral via www.N |  |  |
| Great Yarmouth Centre Handover |  |  |
| Next Steps Meeting/Review |  |  |
| Reports:Summary |  |  |
| Comprehensive |  |  |

 |
|

|  |
| --- |
| **Number of sessions required:**  |
| Specified in a court order: Yes No Agreed by all parties: Yes No |
| **Frequency of sessions required:**  |
| Specified in a court order: Yes No Agreed by all parties: Yes No |
| **Length of sessions requested/required**  |
| Specified in a court order: Yes No Agreed by all parties: Yes No |
| **Preferred start date to commence:** *(will be dependent on availability of rooms and/or staff at time of form and payment being received)* |
| Specified in a court order: Yes NoAgreed by all parties: Yes No |
| **Who will bring/collect the children?**  |
| Specified in a court order: Yes NoAgreed by all parties: Yes No  |

 |
| **Contact**  |
| When and where did contact last take place? Yes No |
| Is there court order in place? (please circle) If ‘Yes’, please indicate what it specifies and/or provide a copy. |
| What is the overall aim of the contact? |
| How will it be achieved and what are the specific requirements of observation?What are we worried about?What’s working well?What needs to happen?  |
| Can the child(ren) be taken out of the Centre? (please circle) | Yes | No |
| When is the next court date/hearing? |
| **Arrival at the Child Contact Centre** |
| Are the parents willing to meet? (please circle) N/A | Yes | No |
| Will the adult with whom the child(ren) reside be bringing them to and collecting them from the Centre? (please circle) | Yes | No |
| If ‘No’, who will be bringing / collecting the child(ren)? |
| What is the preferred date of first contact at the Centre? |
| How frequently will contact take place? |
| For how long will each visit last? |
| Are other people allowed to participate in contact at the Centre: N/A Yes No |
| Name | Relationship to child |
|  |  |
|  |  |
|  |  |
| **Information Relating to Safety of the Child** |
| Are there or have there been sexual / child abuse allegations made in this family? (please circle). If ‘Yes’, please give details (over page) | Yes | No |
| Is this family known to Social Services? (please circle)If ‘Yes’, please give details (over page)If ‘Yes’, please give details (over page) | Yes | No |
| Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)? (please circle) of an offence against a child(ren)? (please circle) | Yes | No |
| If ‘Yes’, please give details |
|  |
| Has there been or is there likely to be a risk of abduction? (please circle) | Yes | No |
| If ‘Yes’, are procedures in place for holding passports, etc. (please circle) | Yes | No |
| Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party, their respective families or the children. |
| **Needs & Risks** |
| **Child Needs**Do any of the children have any physical illness (including sexual health & behaviour), medical condition, physical disability, development disorders or mental health or emotional wellbeing concerns?or medical requirements? (please circle)  | Yes | No |
| If ‘Yes’, please give details |
| **Parental Needs**Do any of the adults involved suffer from long-term physical / mental illness, learning difficulties or substance misuse? (please circle)  | Yes | No |
| If ‘Yes’, please give details |
| Are there any risks to the staff, volunteers or other visitors to the centre or in the community? |
| **Additional Information** |
| What language is spoken at home? |
| Is an interpreter required? (please circle) | Yes | No |
| If ‘Yes’, please give details of the interpreter to be used (include name and organisation if any) |
|  |
| c. Has this family ever used another Child Contact Centre? (please circle) | Yes | No |
| If ‘Yes, please give details (this Centre may be contacted). |
| d. Additional background information (Please use a separate sheet if necessary). |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Please ensure that all parties are aware of the referral and understand the reasons for the referral.

|  |  |
| --- | --- |
| Referrer signature |  |
| Profession |  |
| Type of referralLA, Private Law, Cafcass |  |
| Date |  |