Inwood Contact Centre
CHANGING EXPERIENCES ONE AT A TIME

SELF-REFERRAL FORM AND AGREEMENT FOR SUPPORTED CONTACT
This form must be completed in full, in block capitals, and submitted by post or email to the correspondence address/email address at the bottom of this form or brought in person to a pre-arranged interview. Each parent must complete a separate form. No contact can take place until you receive written notification of dates and times from the Centre.

CONTACT PARENT			
Name:		**Relationship to Child(ren):**	
Address and Postcode:			
E-mail Address:			
Mobile Number:		**Home Number:**	
Special Requirements: *disabled access, interpreter required etc.*		**Do you have legal Parental Responsibility for the Child(ren)?** Yes: ☐ No: ☐	

CHILD(REN)'S DETAILS				
Forename:	**Surname:**	**Gender:**	**Date of Birth:**	**Special Requirements:** *disabled access, interpreter required etc.*
Children continued				
Do any of the children have any illnesses or allergies etc? *If yes, please give the details below:*				

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THE OTHER PARENT (The person who the child lives with)			
Name:		**Relationship to Child(ren):**	
Address and Postcode:			
E-mail Address:			
Mobile Number:		**Home Number:**	
Special Requirements: *disabled access, interpreter required etc.*		**Do you have legal Parental Responsibility for the Child(ren)?** Yes: ☐ No: ☐	
When and where did they last have contact with the child(ren)?			

OTHER AGENCIES INVOLVED WITH THE FAMILY	
CAFCASS	MEDIATION
Has your family ever been known to or been involved with CAFCASS? Yes: ☐ No: ☐ **Is CAFCASS currently working with your family?** Yes: ☐ No: ☐ *If yes, please give details of your named worker (if known) below:*	**Have you and the other parent ever attended mediation?** Yes: ☐ No: ☐ **Are you currently attending mediation?** Yes: ☐ No: ☐ *If yes, please give details of your named worker (if known) and Mediation Service below (it may also be helpful to attach copies of any agreements relating to contact to this form):*
SOCIAL SERVICES	POLICE

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Has your family ever been known to or been involved with Social Services?
Yes: ☐ No: ☐

Is Social Services currently working with your family?
Yes: ☐ No: ☐

If yes, please give details of your named worker (if known) below and brief details of the situation:

Are you and/or the other parent known to the police?
Yes: ☐ No: ☐

Do you or the other parent have any convictions, cautions, reprimands, warnings etc.?
Yes: ☐ No: ☐

If yes, please give the details below:

Who	***Date***	***Offense***

SOLICITORS

Are you currently instructing a solicitor?
Yes: ☐ No: ☐

If yes, please give details of below:

Is the other party currently instructing a solicitor?
Yes: ☐ No: ☐

If yes, please give details of below:

FURTHER INFORMATION

Do you have any concerns relating to domestic abuse, drugs, alcohol or mental health issues?
Yes: ☐ No: ☐

If yes, please give details below:

If the children are old enough to understand and have a view, how do the children feel about having any contact?

Is there a Court Order relating to this contact? *(If yes, please attach a copy to this form)*
Yes: ☐ No: ☐

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Is there anything else relevant that we ought to know? If yes, please give details below: or on a separate sheet

ARRANGEMENTS FOR CONTACT *(Please note all arrangements are subject to the availability and agreement of the Contact Centre)*			
Would you prefer contact to take place: Weekly: ☐ Fortnightly: ☐ Four Weekly: ☐ Other: ☐ *If Other, please specify:*			
Would you prefer each contact session to last: One Hour: ☐ Two Hours: ☐ Other: ☐ *If Other, please specify:*			
Would you want anyone else be involved in the contact? Yes: ☐ No: ☐ *If yes, please give details below:*		**Would you like to take the child(ren) out of the Contact Centre?** *(If the other parent agrees)*	Yes: ☐ No: ☐
Are you prepared to meet the other parent?	Yes: ☐ No: ☐	**Will staggered arrival/departure times be required?**	Yes: ☐ No: ☐

If an interpreter is required, this will be funded by:	You: ☐ The other parent: ☐ We will pay jointly: ☐ Other: ☐ *If Other, please specify:*

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AGREEMENT			
• I confirm that the information contained within this form is to the best of my knowledge both accurate and true • I agree to abide by the rules and conditions of the Centre if I am offered a place • I understand that the Centre reserves the right to either refuse or terminate contact if I withhold any information or behave in a way that breaks the Centre's rules or conditions. **Any query about fee payment should please be addressed to the coordinator.**			
CONTACT PARENT		INWOOD CONTACT CENTRE	
Signed:		**Signed:**	
Print Name:		**Print Name:**	
Date:		**Date:**	