Inwood Contact Centre
CHANGING EXPERIENCES ONE AT A TIME

Referral Form

This form requires to be seen and completed by both parties' solicitors and any other professionals involved with the family.

To make the children's visits safe, beneficial & enjoyable, contact cannot commence until this form has been completed in full and received by the Centre Coordinator, and separate pre-visits attended.

If the form is not completed it will be returned and will result in a delay in contact.

All information will be treated in the strictest confidence.

Office use only	**Ref No:**
Referral received	
Info appt resident adult	
Info appt contact adult	
Date of pre-visit	
Date of first contact	
Dates reviewed	
Contact ended	

Please print clearly

1. Children			
Name(s)	Age	Date of birth	Gender

Do(es) the child(ren) know why they are coming to a contact centre and whom they will be meeting? Yes/No
If not, what preparation is in place to help them understand the situation?

2. Adult requesting contact	
Name:	
Relationship to child(ren):	
Does this person have legal parental responsibility? (please circle)	Yes No
Length of time since:	a) They met the child(ren)
	b) They lived with child(ren)
Address/Postcode:	

Inwood Contact Centre
CHANGING EXPERIENCES ONE AT A TIME

Client's Email:	**Client's Mobile number:**	
Solicitor's name:	Solicitor's ref:	
Name of practice:		
Address/Postcode:		
Email:	Telephone:	

3. Adult with whom the child(ren) resides		
Name:		
Relationship to child(ren):		
Address/Postcode:		
Client's Email:	**Client's Mobile number:**	
Solicitor's name:	Solicitor's ref	
Name of practice:		
Address/Postcode:		
Email:	Telephone:	
4. Referrer		
Name:	Profession:	
Address:		
Postcode:		
Email:	Telephone:	
5. Court Welfare Officer/Social Worker, Contact Orders & Contact		
a. Is there an allocated Court Welfare Officer / Social Worker? (please circle)	Yes	No
If 'Yes', please give details: Name:		
Name of Social Services office:		
Address:		
Postcode:	Telephone:	
b. When and where did contact last take place?		
c. Are proceedings in the Family Courts? **If 'Yes', what is the next court date?**	Yes	No
d. Is there a court order relating to the contact? (please circle) **If 'Yes', please send a copy**	Yes	No

Inwood Contact Centre
CHANGING EXPERIENCES ONE AT A TIME

Please consult with the Centre if a Final Order is in place / under consideration		
e.. Have any other court orders been made in relation to the child(ren)? (Please circle) **If 'Yes', please attach a copy**	Yes	No
f. Can the child(ren) be taken out of the Centre? (please circle)	Yes	No

6. Arrival at the Child Contact Centre		
a. Are the parents willing to meet? (please circle)	Yes	No
b. Will the adult with whom the child(ren) resides be bringing them to and collecting them from the Centre? (please circle) **If 'No'**, who will be bringing/collecting the child(ren)? NB Under no circumstances will the Centre accept unaccompanied children for contact	Yes	No
c. Is there any reason why presents cannot be given to the children?	Yes	No
d. Does any court order exist restricting the taking of photographs? **NB** Photographs can be taken of the child(ren) in line with our photographic policy (attached) unless a court order prohibits this. **Videos/recordings are not permitted**	Yes	No
e. **Please state which Centre:** **Knock** (Wed 3-5/5-7 & Sat 10-12) **Ards** (Wed 3-6) **Bangor** (Thurs 4-6) * Please confirm your client is aware of the correct day/time		
f. What is the preferred date of first contact at the Centre? **Note: Contact will commence at the earliest two weeks (waiting list depending)** after receipt of a completed referral form as **Contact Assessment Meetings must be attended** before contact starts. **We cannot confirm the referral will be accepted until our assessment is completed.** **The centre will offer a maximum of two pre-contact assessment meetings If not attended the referral will be closed, unless there are exceptional mitigating circumstances.**		
g. How frequently will contact take place?		
h. How long will each visit last?		
i. Names of other people allowed to participate in contact at the Centre: **Please note any other parties using the centre are subject to the same agreements regarding contact, policies/procedures and appropriate use of the Centre.**		

Name	Relationship to child(ren)

7. Information Relating to the Safety of the Child & Contact Centre

Inwood Contact Centre
CHANGING EXPERIENCES ONE AT A TIME

a. Are there or have there been sexual / child abuse allegations made in this family? (please circle).	Yes No
If 'Yes', please give details:	

b. Does this family have any current involvement with Social Services? (please circle)	Yes No
If 'Yes', please give details:	
c. Has any person who will be involved in the contact ever been convicted of an offence against a child/children? (please circle)	Yes No
If 'Yes', please give details:	
d. 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
e. Has any person who will be involved in the contact ever been convicted of any criminal offence? (please circle)	Yes No
If 'Yes', please give details:	
f. Are there any other details of any allegations, undertakings, or injunctions relating to violence against anyone? (please circle)	Yes No
If 'Yes', please give details:	
8. Health & Medical Requirements	
a. Do any of the children have any illness, allergy, behavioural issues, special needs or medical requirements? (please circle)	Yes No
If 'Yes', please give details:	
b. Do any of the adults involved suffer from long-term physical/mental illness or impairment? (please circle)	Yes No
If 'Yes', please give details:	

Inwood Contact Centre
CHANGING EXPERIENCES ONE AT A TIME

c. Do any of the adults involved suffer from any drug/alcohol addictions? (please circle) Yes No
If 'Yes', please give details:

Is a Hair Strand Test required before contact can progress out of the centre? Yes No If 'Yes', has this been applied for? Yes No Please indicate the proposed timescale to complete HST. **Please note that following the failure of two or more HST the centre reserves the right to terminate contact.**
9. Additional Information
a. What language is spoken at home?
b. If an interpreter is required, please advise the centre of the arrangements (include name and organisation)
c. Has this family ever used another Child Contact Centre? Yes No If 'Yes, please give details **Please note that failure to disclose this information may result in a referral not being accepted, or contact being terminated.**
d. Is there an expectation as to how long parents may need to use the centre? (please circle) Yes No Please provide details :
e. Is there an agreed exit strategy? (please circle) Yes. No Please provide details:
f. Additional background information (Please use a separate sheet if necessary).

Inwood Contact Centre

CHANGING EXPERIENCES ONE AT A TIME

I have explained the rules of the Child Contact Centre to my clients and given them a copy of the Centre's leaflet/guidelines. This form has been completed accurately and to the best of my knowledge.

I acknowledge that if during the attendance at the contact centre, a change in circumstances occurs whereby my client has pending criminal proceedings or conviction, I will notify the centre immediately.

Signed:…….

Date: …….