

Supervised Child Contact Referral Form

This form needs to be completed in full

Services Offered
Relationship Counselling
Young Persons Counselling
Choose to Change
Parenting Apart Programme
Supervised Child Contact

Office use only	
Date referral received	
Referral taken by	
Registration fee paid – resident parent	
Registration fee paid – non-resident parent	
Deposit paid – resident parent	
Deposit paid – non-resident parent	
Interpreter booked	
Pre-visit date	
1 st session date	
Dates reviewed	
Supervised Contact end date	
Deposit returned - resident parent	
Deposit returned – non-resident parent	

Name of Centre supplying Service	Relate Dorset (Dorchester)
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Referrer	
Practitioner:	
Address:	
Postcode:	
Telephone:	
Fax:	
Email:	
Name of parent paying for contact sessions	
Nature of Intervention(s): Supervised Contact (Observed, Recorded and Reported)	

Has the resident parent attended a Separated Parents Information Programme (SPIP)?	
Has the non-resident parent attended a Separated Parents Information Programme (SPIP)?	

President:
George Streatfeild MBE

Relate Dorset & South Wiltshire
A company limited by guarantee
Registered in England 3557614
Registered Charity No. 1079585

What is the overall aim of this contact or service?	
How will it be achieved and what are the specific requirements of observation?	
Which of the Every Child Matters 5 Outcomes does the need relate to?	
<ul style="list-style-type: none"> • To be healthy. • To stay safe. • To enjoy and achieve. • To make a positive contribution. • To achieve economic well-being. 	
Please indicate what the adults' views and expectations of interventions required are:	
Adult with whom the child reside:	
Adult requesting contact at Relate:	

Child

Name	Age	Date of Birth	Male/ Female	Ethnicity
Who has parental responsibility?				

Adult with whom the child lives

Name:			
Relationship to child			
Address:			
Postcode:		Ethnicity:	
Telephone:			

Confidentiality

Can the adult with whom the child lives know or be given contact details relating to the adult requesting contact	
Details:	The parents have / do not have each other's address details.

Adult requesting Supervised Contact

Name:			
Relationship to child			
Address:			
Postcode:		Ethnicity:	

Confidentiality

Can the adult requesting the Supervised Contact know or be given contact details relating to the adult with whom the child lives?	
Details:	The parents have / do not have each other's address details.

Solicitors

Is contact with either party's solicitor necessary?	
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Adult with whom the child lives

Solicitor's Name:			
Practice:			
Email:			
Telephone:			

Adult requesting Supervised Contact

Solicitor's Name:			
Practice:			
Email:			
Telephone:			

Previous contact

When and where did contact last take place?	
Has this family ever used another Supervised Contact Centre?	

Operational Information for Relate

Number of sessions required:	
Specified in a court order:	
Agreed by all parties:	
Frequency of sessions required:	
Specified in a court order:	
Agreed by all parties:	
Length of sessions requested/required	
Specified in a court order:	
Agreed by all parties:	

Preferred start date to commence:	
Specified in a court order:	
Agreed by all parties:	
Who will bring/collect the children?	
Specified in a court order:	
Agreed by all parties:	
Are the parents and other adults involved in the Relate contact willing to meet?	
Specified in a court order:	
Agreed by all parties:	
Can the child be taken out of the centre?	

Are any other adults and or child allowed to participate in Relate contact	
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Additional information

Health and medical requirements

Do any of the children or adults involved in the contact at Relate have any special needs or requirements relating to illness, impairment, allergies, special needs or other?	
Children:	
Adults:	

Diversity needs

Are there any specific diversity needs?	
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Language/interpreter requirements

Will an interpreter be required?	
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Court Orders

Name of child or adult to whom the order relates:	
Type of order (care, residence, contact, parental responsibility, specific issues, prohibited steps, injunctions or other), please specify and provide a copy .	
Court making order:	
Date order made:	
Date of next court hearing:	

Previous Convictions / Findings of Fact

Please give full details of any offences or findings of fact involving children, domestic abuse, sexual offences, drugs, arson and firearms.	
Name of adult to whom conviction relates:	

Local Authority involvement

Does one or more local authority Children’s Services Departments know the family?	
Name of authority:	

Are any of the children involved currently subject to a Child Protection Plan?	
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Are any of the children currently on the Educational Special Needs Register?	
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Do any of the children have a Common Assessment Entry?	
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Risk Assessment

Please indicate which of the following have affected or are continuing to affect the family you are referring and what is the current level of risk:				
Safeguarding children	Yes/No/Allegation	Please indicate X		
		High	Low	None
Physical Abuse Sexual Abuse:				
Emotional Abuse:				
Neglect:				
Risk of Abduction:				
Other potential concerns				
Domestic abuse:				
Conflict between adults:				
Alcohol abuse:				
Drug/substance abuse:				
Mental health issues:				
Cultural issues:				
Religious issues:				
Immigration / asylum:				
Financial issues:				
Medical condition adult/child:				
Physical impairments adult/child:				
Learning difficulties adult/child:				
Parenting skills:				
Involvement of other family members in the contact:				

Risk of violence towards staff:				
Risk of self-harm:				
Other (please specify):				

Additional Information

Where you have identified an area of concern please provide information relating to:

- The nature and extent of the concern;
- The family/parties' awareness of the concern;
- The family/parties' motivation to change;
- The family/parties' capacity to change;
- The involvement of any other agencies;
- The impact of the concern upon the child in relation to any CCI being provided.

Area of concern

Nature and extent of concern:
Parties' awareness of concern:
Parties' motivation to change:
Parties' capacity to change:
Involvement of other agencies:

Both parties are aware of and in agreement with the referral.

Referring Practitioner name and signature:	Name:Signature:.....
OR to be signed by both parent(s) on separate referral forms	
Signature:	
Signature:	
Date of Referral:	
Relate Manager Name:	
Signed:	
Date:	

