

# REFERRAL FORM (for Supported Contact)

Wherever possible this form needs to be 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 received by the Armagh Child Contact Centre.

All information will be treated in the strictest confidence.

**PLEASE PRINT CLEARLY**

<b>Office use only:</b>	
Referral received	
Date of Pre-visit	
Date of first contact	
Dates Reviewed	
Use of ACCC ended	

1. Children coming for contact			
Name(s)	Gender	D.O.B	Health, behavioural, special needs issues e.g. illness, allergy, disability, in nappies etc?

**Please advise of the last time the child met with the contact parent, and of any difficulties that may arise in renewed contact:**

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2. Referrer	
Name:	Profession:
Address:	
Postcode:	Telephone (fax):

# REFERRAL FORM (continued)

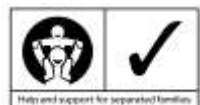
<b>3. Resident parent / carer details</b>	
Name	
Address and postcode	
Telephone, including emergency contact for during sessions	
Please tell us if details are confidential	
Solicitor's name, address, and telephone number	
GP name, address and telephone number	
Proposed start date for contact	
Contact arrangements, duration, and frequency, or handover only	
Names of those allowed to attend contact sessions	
Who will bring and collect child(ren) from contact sessions?	
Other issues ACCC needs to be aware of	
Legal orders, contact orders, prohibited steps orders in place?	

**I have received a copy of Armagh Child Contact Centre's leaflet and ground rules, and agree to abide by them. I understand that any breach of these rules may lead to contact facilities being withdrawn.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(resident parent)

**I give permission for Basic first aid to be administered if necessary**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_



# REFERRAL FORM (continued)

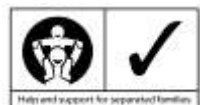
4. Contact parent / carer details	
Name	
Do they have Legal Parental Responsibility?	
Address and postcode	
Telephone, including emergency contact for during sessions	
Please tell us if details are confidential	
Solicitor's name, address, and telephone number	
GP name, address and telephone number	
Proposed start date for contact	
Contact arrangements, duration, and frequency, or handover only	
Names of those allowed to attend contact sessions	
Other issues ACCC needs to be aware of	
Legal orders, contact orders, prohibited steps orders in place?	

**I have received a copy of Armagh Child Contact Centre's leaflet and ground rules, and agree to abide by them. I understand that any breach of these rules may lead to contact facilities being withdrawn.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(contact parent)

**I give permission for Basic first aid to be administered if necessary**

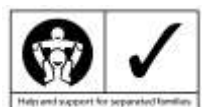
**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_



# REFERRAL FORM (continued)

<b>5. Contact Orders &amp; Contact</b>	
a. Is there a Social Worker involved? (please circle)	Yes      No
If 'Yes', please give details: Name:	
Name of office:	
Address:	
Postcode:	Telephone:
b. Is there a contact order in place? (please circle)	
Yes      No	
If 'Yes', please indicate the following and forward a copy to ACCC:	
Order made at which court	
Date of Order	
Frequency of contact	
Any restrictions?	
c. What other court orders have been made in relation to these child(ren) and when?	
d. If there is no contact order, have the parents agreed the duration and frequency of contact (please circle)	
Yes      No	
e. What is the next court date (if any)?	

<b>6. Arrival at the Child Contact Centre</b>	
a. Are the parents willing to meet?	
b. Who will bring and collect the child(ren) from the Centre?	
c. Preferred date of first contact at the Centre?	
d. How frequently will contact take place?	
e. For how long will each visit last?	
f. Names of other people allowed to participate in contact at the Centre:	
Name	Relationship to child



# REFERRAL FORM (continued)

<b>7. Information Relating to Safety of the Child</b>
a. Are there or have there been any allegations of abuse or violence within this family? If 'Yes', please give details
b. Has any person who will be involved in the contact session ever been convicted of an offence against children? If 'Yes', please give details
c. Is there likely to be a risk of abduction? If 'Yes', are procedures in place for holding passports, etc Please tell us of these arrangements
d. Do any of the adults suffer from physical or mental illness, or from a disability? Please include addiction problems. This will not exclude usage of ACCC, but will ensure that sufficient arrangements are in place for contact sessions.



# REFERRAL FORM (continued)

<b>8. Additional Information</b>		
a. What language is spoken at home?		
b. Is an interpreter required? (please circle)	Yes	No
If 'Yes', please give details of the interpreter to be used (include name, relationship to child and / or organisation if any)		
c. If there is a cost involved for interpretive services, please state who will be responsible for these costs, as ACCC cannot accept these		
d. Has this family ever used another Child Contact Centre? (please circle)	Yes	No
If 'Yes', please give details (this Centre may be contacted).		
Please add any other information you think may be relevant:		

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

Signed: \_\_\_\_\_  
(Solicitor) (Social Worker)

Date: \_\_\_\_\_

**Thank you for taking the time to complete this form. Please return to Armagh Child Contact Centre for processing.**

*Last updated 29-01-13 / Adopted at Management Committee 28-01-13  
Reviewed June 2015*

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[www.armaghchildcontactcentre.org](http://www.armaghchildcontactcentre.org)



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