

SOUTH LONDON FAMILY CENTRE

Supporting Children and Families



1 Othello Close, Kennington, SE11 4RE
Tel: 020 7840 9020 Fax: 020 7840 9021
SUPERVISED CONTACT SERVICE

REFERRAL FORM

REFERRERS

- 1) Please fill in **all sections** clearly. Failure to do so may delay your client's referral to the centre.
- 2) Please ensure you have read our referral procedure and understand timescales involved.
- 3) If you have any questions please contact the Head of Supervised contact on 020 78409020.
- 4) Return the form to:
**South London family Centre,
Address Above**

Thank you

		Office Use Only	
		Date of enquiry	
		Date form was sent to referrer	
		Date form was received in the office	
		Date of interview (if criteria is met)	
Additional documents attached? (Please circle choice if filling a printed copy or delete unwanted choice if filling out electronically to be emailed, for all YES/NO selections.)		YES / NO	Office Reference number SVD- _____ - _____
		Report(s) dates	

1. REFERRER'S DETAILS

Name:	
Organisation:	
Address:	
	Postcode:
Telephone number:	
Mobile number: (if applicable)	
Fax number:	
Date of referral:	

Please state who is to be invoiced for this contact (including their contact address and telephone number)	Name Address
	Telephone

2. Child(ren)'s details

Name(s)	DOB	Age	M/F	Address

3. RESIDENT PARENT'S DETAILS				
Name:				
Address:				
	Postcode:			
Telephone number:				
Mobile number: (if applicable)				
Relationship to child(ren)				
First language			Interpreter required? (Please circle or delete)	YES NO
Parental responsibility?	YES	NO	Comments:	
4. CONTACT PARENT'S DETAILS				
Name:				
Address:				
	Postcode:			
Telephone number:				
Mobile number: (if applicable)				
Relationship to child(ren)				
First language			Interpreter required? (Please circle or delete)	YES NO
Parental responsibility?	YES	NO	Comments:	

Please note that it is our policy to ask children and parents to self identify ethnicity and religion.

5. Are both parties aware of this referral? (Please circle)	YES	NO
6. Are both parties willing to meet? (Please circle)	YES	NO

7. Is there solicitor involvement? If yes, please give details.

Resident Parent's solicitors details		Contact Parent's solicitor's details	
Name:		Name:	
Firm:		Firm:	
Address:		Address:	
	Postcode:		Postcode
Tel.no	Fax.no	Tel.no	Fax.no

8. Are there court proceedings? (Please circle) If yes, please provide details	YES	NO
9. Are there court Orders? (Please circle or delete) If yes, please provide details	YES	NO
10. Is there known to have been any violence in the relationship? (Please circle or delete) If yes, please provide details	YES	NO
11. Is a CAFCASS Family Court Reporter involved? (Please circle or delete) If yes, please provide details	YES	NO
Name:		
Job Title:		
Address:		
		Postcode:
Tel.no		Fax.no
12. Details of any Child Protection Registration		

13. Other professionals involved		
Name & job title	Address	Tel.no
14a. Will any child or adult need assistance due to disability? (Please circle)	YES	NO
b. Will any child or adult need assistance due to a medical condition? (Please circle or delete)	YES	NO
If yes, please provide details		

15. If the person requiring contact is under sixteen years, please give details of the adult who will be accompanying them:

Name	Address	Tel. No	Relationship

16. When and where did last contact take place, if at all?

17. Was the last contact supervised	YES	NO
If yes, by whom?		

18. Have any of the people requiring contact ever used a child contact centre? (Please circle)	YES	NO
If yes, please provide details		
How long did they use this service?		
What happened to cause the contact to break down? (Please give as much information as possible)		
19. What is the purpose of the proposed contact?		

20. Events that have necessitated the referral. (Please circle **all** that apply)

Breakdown of parental communication? (Please circle or delete)	YES	NO
If yes, please provide details		
Lack of appropriate venue?(Please circle or delete)	YES	NO
If yes, please provide details		

Introduction/ reintroduction of child? (Please circle or delete)	YES	NO
If yes, please provide details		
Alleged lack of parenting expertise? (Please circle or delete)	YES	NO
If yes, please provide details		
Domestic abuse (Emotional, physical, psychological)? (Please circle or delete)	YES	NO
If yes, please provide details		
Sexual abuse (rape, sexual assault)? (Please circle or delete)	YES	NO
If yes, please provide details		
Mental Health issues? (Please circle or delete)	YES	NO
If yes, please provide details		
Drug/ substance abuse? (Please circle or delete)	YES	NO
If yes, please provide details		
Alcohol abuse? (Please circle or delete)	YES	NO
If yes, please provide details		

Child Protection Issues? (Please circle or delete)	YES	NO
If yes, please provide details		

Is any of the following issue likely to impact on proposed contact ?

Culture? (Please circle or delete)	YES	NO
Ethnicity?	YES	NO
Religion?	YES	NO
Travel?	YES	NO
Finances?	YES	NO
If yes, please provide details		
Nature of issue	How may it affect contact?	

21. Other family members/other adults attending

Please provide details

22. What level of supervision is required and why? (e.g 1 hour every week etc...)

Declaration is to be signed by referrer. **(Please note we will contact parties involved to obtain further information)**

This form is completed accurately to the best of my knowledge.

Referrer's signature _____

Date _____