|  |  |  |
| --- | --- | --- |
| Office use only | Reference: | |
| Return date | Date returned form received : |  |
| Type of contacted requested: | Supervised Supported plea please tick | |
| All sections mus be completed : incomplete forms will be returned | | |

1) REFERRER DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Firm\*** |  | | | | | | | | | | | | | | | **Solicitor Name\*** | | | | | | |  | | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Town** |  | | | | | | | | | | | | | | | **Postcode** | | | | | | |  | | | | | | | | | | | | | |
| **Landline** |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | |
| **Fax** |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | |
| **Email\*** |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  | |  |  |  |  | |  | |  |  |  |  |  | |  |  |  |  |  |

## 2) NATURE OF SERVICE(S) REQUIRED Please indicate which service you require (tick box)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Centre requested Glasgow Paisley x | | | | | | | | | |
| **Type \*** |  | | **Funding Method \*** | Client’s own funds | | | |  | |
| **Court order** | YES NO NO | | S.L.A. B | | | |  | |
| Private arrangement please detail your clients understanding of what has been agreed | | | **Funding requirements** | Full cost | | | |  | |
|  | | | Shared with other side | | | |  | |
| Invoice to solicitor | CP solicitor | |  | RP Solicitor |  | |
| Invoice to client | Adult with contact | |  | Adult with residence |  | |
| **Session requirements** | Frequency Weekly Fortnightly Other Pease detail | | | | | | | | |
| Session length one hour Two hours other please detail | | | | | | | | |
| **Case Ref** |  | | **Sheriff Court** |  | | | | | |
| Date order made | | | Date of next Child Welfare Hearing | | | |  | | |
| REPORTS BY OTHERS INVOLVED WITH CHILDREN (include Social Worker, Child Welfare reports, etc.) | | | | | | | | |
| **Name** | | **Job title** | | | **Report date** | | | |
|  | |  | | |  | | | |

**3) CLIENT DETAILS-**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name\*** | |  | | | | | | | | | | | |
| **Your client is. please tick box** | | **Adult requesting contact** | | | | | **Adult with residence** | | | | | | |
| **Your clients contact details** | | **Mobile phone** |  |  |  |  |  |  |  |  |  |  |  |
| **Email** |  | | | | | | | | | | |
| **Required for induction arrangements** | | **Post Code** |  | | | | | | | | | | |
| **Relation to child** | |  | | | | | | | | | | | |
|  |

## 4) Children

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename\*** | **Surname\*** | **Date of birth\*** | **Gender** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Solicitor representing other party (not supplied in original request)

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF SOLICITOR ACTING FOR THE OTHER PARTY** | | | |
| **Solicitor firm In addition please supply their email address** |  | | |
| **Solicitor name (if known)** |  | | |
| **Their client’s name** |  | |
| **If this client is self-representing please tick box** | |  |

## ADDITIONAL REQUIREMENTS

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does your client require an interpreter? | | | | | No |  | Yes |  | Sign Language | |  | |
| If yes, language spoken or signed (e.g., BSL) Provisions of interpreter services incur financial cost | | | | | . Please tell us how this will be met. | | | | | | | |
| Are there any additional requirements the centre should know about? YES NO  If yes, please tick below | | | | | | | | | | | | |
| Mobility issues |  | Hearing or Visual impairment |  | Mental health issues | | | | |  | Autistic spectrum | |  |

1. **PREVIOUS CONVICTIONS Past and Present**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please give full details of any offences involving children, domestic abuse, sexual offences, drugs, arson, and firearms. If there are any current restrictions in place e.g., bail conditions e please detail** | | | |
| Name of adult to whom conviction relates |  | | |
| Date of conviction |  | Nature of conviction |  |
| Details of conviction or current restrictions |  | | |

1. **ADDITIONAL INFORMATION REQUESTED**

|  |
| --- |
| 1. **What do you understand your client expects to achieve from supervised contact** |
| 1. **Please supply background to inform us why this contact requires supervision.** |
| 1. **Any specific areas to be addressed in the report.** |

**Billing this section must be completed. If left blank the centre will bill the referring solicitor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How will this contact be funded | Funded by S.L.A. B |  | By client’s own funds |  |
| Invoiced to | Solicitor |  | Client |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm that the information given on this form is accurate.**  **I understand that this information will be held whole or in part on the Promoting Positive Contact database** | | | |
| Name | Print name | Date |  |
|  |  |  | Solicitor |