|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A circular diagram with text  Description automatically generated with medium confidenceThe A Project Heritage House  25 North Row, 79-80 High Street  Marble Arch W1K 6DJ Gravesend DA11 0BH  Tel: 07917 481884 Tel: 07936 516054  Knightrider House  Knightrider Street  Maidstone ME15 6LU  Tel: 07522 470466 | | | | | | | | | | | | |
|  | | | | | | **OFFICE USE ONLY** | | | | | | |
|  | | | | | | **Referral Form Received** | | | |  | | |
|  | | | | | | **Referral Form Assessed** | | | |  | | |
|  | | | | | | **Referral Fee Received** | | | |  | | |
|  | | | | | | | | | | | | |
| **CHILD CONTACT REFERRAL FORM** | | | | | | | | | | | | |
|  | | | | | | | | | | | |  |
| **The child contact referral will not be processed until the form has been completed in full.**  **All information will be treated in the strictest confidence.**  **Referrals for Supervised, Community, Supported, Indirect, Virtual contact and Handovers will be charged at £50.00** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Please state which service you require** | | | **Please state which day and time you would prefer** | | | | | | | | | |
|  |  | |  | | | | |  | | | |  |
|  |  | |  | | | | |  | | | |  |
|  |  | |  | | | | | | | | | |
| **\*PLEASE NOTE:** If you are unable to make your contact appointment, please let us know as soon as possible by telephone or email, clients can cancel or reschedule their appointment at no extra cost, provided they notify us at least 48 hours in advance. If the contact is cancelled less than 48 hours in advance then the full payment is applicable, and this also includes cancellation by the resident parent. | | | | | | | | | | | | |
|  | | |  | | | | | | | | | |
| **Number of sessions required (if known)** – we schedule 6 as standard | |  | | | | | | | | | | |
|  | |  | | |  | |  | |  | | | |
| **Please state frequency of sessions** | |  | | |  | |  | |  | | | |
|  | | | | | | | | | | | | |
| **Is this referral ordered by the Court?**  (If yes, a copy of the Order must accompany the referral form) | | | | | |  | | | |  | | |
| **Are there ongoing criminal investigations or pending Finding of Facts at the time of referral.**  (If yes, the referral will not be accepted) | | | | | |  | | | |  | | |
|  | | | | | | | | | | | | |
| The referral fee will be required once all relevant paperwork has been received and assessed, and we have confirmed we can accept and offer a service. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| If required, please see the additional documents for further information on process, types of service available and the contact referral process. These can be viewed or downloaded from the Child Contact Centre section on our webpage. | | | | | | | | | | | | |
|  | |  |  | | | | | | | | |  |
|  | | | | | | | | | | | | |
| **1. Details of the professional making the referral (e.g., solicitor, social worker, other professional, or agency)**  Not applicable if you are representing yourself or making a self-referral | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  |  | |  | | | | | | | | |  |
| **Name** |  | | | | | | | | | | | |
| **Firm/Agency (if applicable)** |  | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | |
| **Telephone number** |  | | | | | | | | | | | |
| **Email address** |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **2. Child(ren)** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Name** | | **Gender** | | **Ethnicity** | | | **Date of birth** | | | | **Name of main carer** | |
|  | |  | |  | | |  | | | |  | |
|  | |  | |  | | |  | | | |  | |
|  | |  | |  | | |  | | | |  | |
|  | |  | |  | | |  | | | |  | |
|  | |  | |  | | |  | | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Parties** | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | | | | | | | | |
| **RESIDENT PARTY** | | (Person the child/ren live with) | | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | | | | | | | | |
| **Relationship to Child/ren** | |  | | | | | | | | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | |
| **Telephone number** | | Mobile: | | |  | | | | | | | | | Landline: | |  | | | | |
| **Email address** | |  | | | | | | | | | | | | | | | | | | |
| **Date of birth** | |  | | | | | | | | | | | | | | | | | | |
| **Ethnic origin** (optional) | |  | | | | | | | | | | | | | | | | | | |
| **Solicitor details**  (name, firm, address and contact telephone number) | |  | | | | | | | | | | | | | | | | | | |
| **Does this person have legal parental responsibility?** | | | | | | | | | | | |  | | | | | |  | | |
|  | |  | | | | | | | | | |  | | | | | |  | | |
| **CONTACT PARTY** | | (Non-resident party / the adult who will be attending contact) | | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | | | | | | | | |
| **Relationship to Child/ren** | |  | | | | | | | | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | |
| **Telephone number** | | Mobile: | | |  | | | | | | | | | Landline: | |  | | | | |
| **Email address** | |  | | | | | | | | | | | | | | | | | | |
| **Date of birth** | |  | | | | | | | | | | | | | | | | | | |
| **Ethnic origin** (optional) | |  | | | | | | | | | | | | | | | | | | |
| **Solicitor details**  (name, firm, address and contact telephone number) | |  | | | | | | | | | | | | | | | | | | |
| **Does this person have legal parental responsibility?** | | | | | | | | | | | |  | | | | | |  | | |
|  | | |  | | | | | | | | |  | | | | | |  | | |
| **3RD CONTACT PARTY** | | | (If applicable – any other person it has been agreed can attend for contact with the child/ren) | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | | | | | | | | |
| **Relationship to Child/ren** | |  | | | | | | | | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | |
| **Telephone number** | | Mobile: | | |  | | | | | | | | | Landline: | |  | | | | |
| **Email address** | |  | | | | | | | | | | | | | | | | | | |
| **Date of birth** | |  | | | | | | | | | | | | | | | | | | |
| **Ethnic origin** (optional) | |  | | | | | | | | | | | | | | | | | | |
| **Solicitor details**  (name, firm, address and contact telephone number) | |  | | | | | | | | | | | | | | | | | | |
| **Does this person have legal parental responsibility?** | | | | | | | | | | | |  | | | | | |  | | |
|  | | | | | | | | | | | |  | | | | | |  | | |
| **4. Who is responsible for payment of the referral fee and contact fees?** | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | |
| **Referral fee** | | |  | | | | | | | | | | | | | | | | | |
| **Contact session fees** | | |  | | | | | | | | | | | | | | | | | |
| \*The issue of who should pay for the referral fee or contact is for the referrer, solicitors/professionals, and parties to resolve, and is not the responsibility of the A Project Children’s Contact Centre. If agreed, parties are welcome to share the cost of the referral or contact fees. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  |  |
| **5. Languages spoken at home** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |  |
| **First language:** |  | | | | | | | | | | **Other language:** | | | |  | | | | | |
|  |  | | | | | | | | | |  | | | |  | | | | | |
| **Is an interpreter needed for contact?**  If an interpreter is required, this must be agreed prior to contact commencing and arranged through an independent organisation (i.e., not friends or family). Please note that the cost of any interpretation service must be met by the parties. Parties are responsible for booking or cancelling their interpretation service as required. | | | | | | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| **Who requires the interpreter?** | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | |  |
| **6. Does the child/ren, young person/s speak English?** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |
|  | | | |  |  | | | | | | | |  | | | | | | | |
|  |  | | |  |  | | | | |  | | |  | | | | | | | |
|  | | | |  |  | | | | | | | |  | | | | | | | |
|  |  | | |  | | | | | |  | | |  | | | | | | | |
| **7. Does the child/ren, young person/s have a health or medical condition, disability, learning or behavioural disorder that we need to be aware of?** | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  |  | | | | |  | | |  | | | | | | | |
|  | | | |  |  | | | | | | | | **If ‘Yes’, please give details** | | | | | | | |
|  |  | | |  |  | | | | |  | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | |  | | |  | | | | | | | |
| **8. Do any adults have a health or medical condition, disability, learning or behavioural disorder that we need to be aware of?** | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  |  | | | | |  | | |  | | | | | | | |
|  | | | |  |  | | | | | | | | **If ‘Yes’, please give details** | | | | | | | |
|  |  | | |  |  | | | | |  | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| **9. Why is a contact centre required?**   * This section must be completed. Please give details, for example: concerns or findings of abuse, history of substance misuse, there has been no contact for some time, carers are currently unable to communicate, there is a Non-Molestation Order or Restraining Order in place, recommendations have been made by a social worker or Cafcass worker. |
|  |
|  |
| **10. Is there a plan for contact that has been Court ordered or agreed between the parties?**   * Please give details if there is a court order or an informal agreed plan for contact. For example: is Supervised contact to take place and then progress to Community, Supported or Handover contact, is Supervised contact required and then matters return to court for a further Hearing, is Handover contact required and then carers will progress to their own independent arrangements. |
|  |

|  |
| --- |
| **11. Previous contact – please give details**   * When and where did contact last take place? * Who was involved in the contact? * Why did the contact breakdown? * If they are old enough to understand and have a view, how does the child/ren feel about having contact? * Has contact taken place at any other contact centre, and why was it stopped? |
|  |
|  |
| **12. Have any parties involved in this referral had ANY convictions or had any allegations made against them?** |
| **FAILURE TO DISCLOSE ANY CONVICTIONS OR RELEVANT ALLEGATIONS WILL RESULT IN THE REFERRAL BEING AUTOMATICALLY REFUSED.** Give details of ANY convictions, allegations, undertakings, or injunctions relating to either party, their respective families, or the children (particularly including domestic abuse, assault/battery, offences against children, offences involving weapons, sexual offences, or drugs offences.) Copies of court orders must be provided e.g., non-molestation orders. |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **13. Involvement of other agencies**   * Have the family or either of the parties been known to or been involved with any of the following: | | | | | | |
| CAFCASS (Children and Families Court Advisory Support Service) | | | |  | |  |
| Social Services | | | |  | |  |
| The Courts | | | |  | |  |
| Any other Child Contact Centre(s) | | | |  | |  |
| Domestic Violence Perpetrator Programme (or similar) | | | |  | |  |
| Anger Management Programme (or similar) | | | |  | |  |
| Support services for people affected by Domestic Abuse | | | |  | |  |
| Support services for Alcohol Misuse | | | |  | |  |
| Support services for Substance Misuse | | | |  | |  |
| Support services for Mental Health difficulties | | | |  | |  |
| Mediation services | | | |  | |  |
| Family Support services e.g., Family Support Worker, Children’s Centre | | | |  | |  |
| **Have CAFCASS, Social Services or another agency completed or been asked to complete a report e.g., a Section 7 report, a Section 47 report?** | | | |  | |  |
| If you have answered Yes to any of the above, please give names, contact information, dates and any other details if possible: | | | | | | |
|  | | | | | | |
| **14. Agreement** | | | | | | |
| **Please read the following carefully. If both parties are not in agreement, we will NOT be able to provide a service.** | | | | | | |
| * I confirm that the information contained within this form is to the best of my knowledge both accurate and true. * I give my permission for the Contact Centre Manager to contact any of the services noted in this referral form. * I agree to abide by the rules of the centre if a contact service is offered. * I understand that the centre reserves the right to either refuse or terminate contact if I have withheld any information or behave in a way that breaks the centre rules. | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Professional making the referral (if applicable)** | | **Non-Resident/Visiting Party** | | **Resident/Living with Party** | | |
| **Name:** |  | **Name:** |  | **Name:** |  | |
| **Signed:** |  | **Signed:** |  | **Signed:** |  | |
| **Date:** |  | **Date:** |  | **Date:** |  | |
| * Once a referral and any relevant documents are received, they will be assessed by the contact centre coordinator who will confirm if we can accept. * Once a referral is accepted, we will request payment of the referral fee. * Once the referral fee is received, each party will be booked in for a separate introductory meeting with a contact worker. * After the introductory meetings the contact arrangements will be booked in and confirmed. * Please inform us as soon as possible if a referral is no longer required. * **The length of the referral process depends on parental co-operation, the judicial process, and the availability of a place at the centre. There is no set time for how long the process takes from the point at which you make the initial arrangements to the contact taking place.** | | | | | | |
| A circular diagram with text  Description automatically generated with medium confidencePlease return referral form to:  [**contact@theaproject.co.uk**](mailto:contact@theaproject.co.uk) **for London**    [**kent@theaproject.co.uk**](mailto:kent@theaproject.co.uk) **for Maidstone**  [**gravesend@theaproject.co.uk**](mailto:gravesend@theaproject.co.uk) **for Gravesend** | | | | | | |