

WITHINGTON CONTACT CENTRE REFERRAL FORM

www.withingtonmethodistchurch.org/contact-centre

Coordinator: Mr Jacques du Toit
Email: contact@withingtonmethodistchurch.org

Address:
Contact for Children
Withington Methodist Church
439 Wilmslow Road
Manchester, M20 4AN

Contact centre is open fortnightly on a Saturday morning 10am – 12pm

INSTRUCTIONS TO REFERRERS:

1. Please read the Information for Referrers section of the website before completing this form.
2. Contact details for **BOTH** parents **MUST** be given. *Incomplete referral forms will not be processed.*
3. This form should be seen/completed by both parties' solicitors and any other professionals involved with the family. Information will be treated in the strictest confidence. Please attach the relevant supporting documents (Finding of Fact, Court Orders, etc.)

FOR OFFICE USE ONLY	Referrer	Date Received
Res.Prt:	<input type="checkbox"/>	
NonRes.Prt:	<input type="checkbox"/>	

1. Children

Name(s)	Date of Birth	Boy (B), Girl (G)

2. Adult with whom Children Reside

Name:	Relation to Children:
Address:	
Postcode:	Telephone (THIS MUST BE GIVEN):
Email (THIS MUST BE GIVEN):	
Solicitor's Name:	Solicitor Ref:
Name of Practice:	

Address:		
Postcode:	Tel:	
Email:		
Is this solicitor referring the contact?		Yes No

3. Adult Requesting Contact

Name:		Relation to Children:
Address:		
Postcode:	Telephone (THIS MUST BE GIVEN):	
Email (THIS MUST BE GIVEN):		
Does this person have legal parental responsibility:		Yes No
Length of time since	a) They met children:	
	b) They lived with children:	
Solicitor's Name:		Solicitor Ref:
Name of Practice:		
Address:		
Postcode:	Tel:	
Email:		
Is this solicitor referring the contact?		Yes No

4. Contact Referrer (if not already indicated)

Please give details of the person referring contact, if this has NOT already been indicated.		
Name:		Profession:
Address:		
Postcode:	Tel:	

5. Health and Medical Requirements

a) Do any of the Children have any illness, allergy, disability, special needs or medical requirements? If Yes, please give details.	Yes No
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5. Health and Medical Requirements

b) Do any of the adults involved suffer from long-term physical/mental illness or disability? If Yes, please give details?	Yes	No

6. Details of Contact

NOTE: there is a waiting list and contact can only start once pre-visits have been completed . The centre is open fortnightly on a Saturday from 10am to 12pm.		
a) Preferred start date:	b) Length of visits (max. 2 hours):	
c) Frequency (in weeks):	d) Are parties willing to meet?	Yes No
NOTE: if parties are not willing to meet, drop-off and collection arrangements will be discussed during the pre-visit. Parties will be responsible for adhering to any arrangements made – Contact Centre staff cannot enforce these agreements.		
e) Date and venue of last contact?		
f) Will the adult with whom the Children reside be dropping them off and collecting them from the Centre?	Yes	No
f.1) If not, who will be bringing/collecting them?		
g) Can the Children be taken out of the Centre? If so, indicate for how long and give any extra details below:	Yes	No
h) Names of other people (grandparents, aunts, uncles, other children, etc) allowed to participate in contact at the Centre. Only people listed below will be permitted into the Contact Centre.		
Name of Child or Adult	Relation to Resident or Contacting Adult	

7. CAFCASS, Court Orders and Child Safety

a) Has there been any CAFCASS involvement?	Yes	No
a.1) If Yes, please provide the following information:		
CAFCASS Details	Dates of Involvement:	
	Name of CAFCASS officer (if any):	

	Name of CAFCASS office:		
	Address:		
	Postcode:	Telephone:	
a.2) Please indicate the nature of the CAFCASS involvement:			
b) Is there a court order relating to Contact? If so, please send a copy to the Contact Centre and indicate any additional details below.		Yes	No
c) What other court orders have been made in relation to the children and when?			
d) Next court date (if any)?			
e) Has there been or is there likely to be a risk of abduction?		Yes	No
If Yes, are procedures in place for holding passports, etc?		Yes	No
f) Have there been child abuse allegations made in this family?		Yes	No
If Yes, please give details in (k) below.			
g) Have there been sexual abuse allegations made in this family?		Yes	No
If Yes, please give details in (k) below.			
h) Has any person involved in the contact ever been convicted of an offence against children? If Yes, please give details in (k) below.		Yes	No
i) Does any person involved in the contact have drug/alcohol problems, either past or current? If Yes, please give details in (k) below and inform then they may not attend contact after drinking alcohol or taking drugs.		Yes	No
j) Is the family known to Social Services? If Yes, please give details in (k) below.		Yes	No
k) Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party, their respective family or the children, as well as details of any drug/alcohol abuse (use separate sheet if necessary).			

8. Additional Information

a) What language is spoken at home?		
b) Is an interpreter required (please circle)? If Yes, please give details of interpreter to be used (include name, contact number and organisation, if any). NOTE: It is the parent's responsibility to organise and pay for an interpreter.	Yes	No
c) Has this family ever used another Child Contact Centre? If Yes, please give details (this Centre may be contacted).	Yes	No
d) Additional background information (please use a separate sheet if necessary).		

I hereby declare that:

1. This form has been completed accurately and to the best of my knowledge.
2. I have directed my client towards the Withington Contact Centre website
www.withingtonmethodistchurch.org/contact-centre
3. I have explained the rules of the contact centre, found in the Contact Centre Rules section of the website, to my client.
4. GDPR: By applying to use our facility you agree that we will store the data you provide for as long as the family uses our facility. We will not share this information with third parties except where legally required to do so.

Signed: _____

Date: _____

Note: Only dates and times of families' attendance will be disclosed unless it is felt that anyone using the Contact Centre or a volunteer/staff member is at risk of harm.