

# WITHINGTON CONTACT CENTRE REFERRAL FORM

[www.withingtonmethodistchurch.com/withington-contact-centre.html](http://www.withingtonmethodistchurch.com/withington-contact-centre.html)

**Coordinator:** Mr Jacques du Toit  
**Email:** [wmcontact@googlemail.com](mailto:wmcontact@googlemail.com)  
**Telephone/Fax:** (0161) 445 0804  
Weekdays: 9:30am – 4:30pm  
Saturdays: 2:15pm – 4:45pm

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

Contact centre is open Saturdays 2:30pm – 4:30pm

## **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.)

| <b>FOR OFFICE USE ONLY</b> | 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): |                           |
| Solicitor's Name: |  | Solicitor Ref:                  |                           |
| Name of Practice: |  |                                 |                           |
| Address:          |  |                                 |                           |
|                   |  |                                 |                           |
| Postcode:         |  | Tel:                            | Emergency Tel. Saturdays: |

|  |     |    |
|--|-----|----|
| Email:                                   |     |    |
| Is this solicitor referring the contact? | Yes | No |

### 3. Adult Requesting Contact

|  |                              |                                 |    |
|--|------------------------------|---------------------------------|----|
| Name:  |                              | Relation to Children:           |    |
| Address:   |                              |                                 |    |
|  |                              |                                 |    |
| Postcode:  |                              | Telephone (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:                         | Emergency Tel. Saturdays:       |    |
| 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 <b>NOT</b> already been indicated. |      |                           |  |
| Name:   |      | Profession:               |  |
| Address:  |      |                           |  |
|   |      |                           |  |
| Postcode:   | Tel: | Emergency Tel. Saturdays: |  |

### 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 |
|  |     |    |
|  |     |    |
| 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 Saturdays 2:30pm to 4:30pm.

|                          |  |
|--------------------------|--|
| 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?      Yes      No<br>If so, indicate for how long and give any extra details below: |

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?<br>If Yes, are procedures in place for holding passports, etc?  | Yes<br>Yes | No<br>No |
| f) Have there been child abuse allegations made in this family?<br>If Yes, please give details in (k) below.  | Yes        | No       |
| g) Have there been sexual abuse allegations made in this family?<br>If Yes, please give details in (k) below.   | Yes        | No       |
| 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). <b>NOTE: It is the parent's responsibility to organise and pay for an interpreter.</b> | Yes | No |
|  |     |    |
|  |     |    |

