



Name of Child Contact Centre: The Contact Hub, Froghall Road, MK45 2NW

Wherever possible this form needs to be seen and completed by both parties' solicitors and any other professionals involved with the family.
 Contact cannot commence until this form has been completed in full and received by the Centre Coordinator.
 All information will be treated in the strictest confidence.

| Office use only | |
|-----------------------|--|
| Referral received | |
| Date of pre-visit | |
| Date of first contact | |
| Dates reviewed | |
| Contact ended | |

| 1. Children | | | |
|--|-----------------------------|------------------|-------------------|
| Name(s) | Age | Date of birth | Boy (B), Girl (G) |
| | | | |
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| | | | |
| 2. Adult requesting contact | | | |
| Name: | | | |
| Relationship to child(ren): | | | |
| Does this person have legal parental responsibility? (please circle) | | | Yes No |
| Length of time since: | a) They met children | | |
| | b) They lived with children | | |
| Address: | | | |
| | | | |
| Postcode: | | Telephone: | |
| Solicitor's name: | | Solicitor's ref: | |
| Name of practice: | | | |

| | | | |
|---|--|-----------------|--------|
| Address: | | | |
| | | | |
| Postcode: | | | |
| Email: | | Telephone: | |
| 3. Adult with whom the child(ren) reside | | | |
| Name: | | | |
| Relationship to child(ren): | | | |
| Address: | | | |
| | | | |
| Postcode: | | Telephone: | |
| Solicitor's name: | | Solicitor's ref | |
| Name of practice: | | | |
| Address: | | | |
| | | | |
| Postcode: | | | |
| Email: | | Telephone: | |
| 4. Referrer | | | |
| Name: | | Profession: | |
| Address: | | | |
| | | | |
| Postcode: | | | |
| Email: | | Telephone: | |
| 5. CAFCASS, Contact Orders & Contact | | | |
| a. Is there an allocated CAFCASS officer? (please circle) | | | Yes No |
| If 'Yes', please give details: Name: | | | |
| Name of CAFCASS office: | | | |
| Address: | | | |
| | | | |
| Postcode: | | Telephone: | |
| b. When and where did contact last take place? | | | |
| c. Is there a Child Arrangement Programme in place? (please circle) | | | Yes No |
| If 'Yes', please either send a copy or indicate what it specifies. | | | |
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| e. Can the child(ren) be taken out of the Centre? (please circle) | Yes No |
| f. What is the next court date (if any)? | |

| 6. Arrival at the Child Contact Centre | | |
|--|-----------------------|----|
| a. Are the parents willing to meet? (please circle) | Yes | No |
| b. Will the adult with whom the child(ren) reside be bringing them to and collecting them from the Centre? (please circle) | Yes | No |
| If 'No', who will be bringing / collecting the child(ren)? | | |
| c. What is the preferred date of first contact at the Centre? | | |
| d. How frequently will contact take place? | | |
| e. For how long will each visit last? | | |
| f. Names of other people allowed to participate in contact at the Centre: | | |
| Name | Relationship to child | |
| | | |
| | | |
| | | |
| 7. Information Relating to Safety of the Child | | |
| a. Are there or have there been sexual / child abuse allegations made in this family? (please circle). If 'Yes', please give details (over page) | Yes | No |
| b. Is this family known to Social Services? (please circle) If 'Yes', please give details (over page) If 'Yes', please give details (over page) | Yes | No |
| c. Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)? (please circle) of an offence against a child(ren)? (please circle) | Yes | No |
| If 'Yes', please give details | | |
| | | |
| d. Has there been or is there likely to be a risk of abduction? (please circle) | Yes | No |
| If 'Yes', are procedures in place for holding passports, etc. (please circle) | Yes | No |
| e. Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party, their respective families or the children. | | |
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| 8. Health & Medical Requirements | | |
| a. Do any of the children have any illness, allergy, impairment, special needs or medical requirements? (please circle) If 'Yes', please give details | Yes | No |
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|--|-----|----|
| | | |
| b. Do any of the adults involved suffer from long-term physical / mental illness or an impairment? (please circle) If 'Yes', please give details | Yes | No |
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| | | |
| 9. Additional Information | | |
| a. What language is spoken at home? | | |
| b. Is an interpreter required? (please circle) | Yes | No |
| If 'Yes', please give details of the interpreter to be used (include name and organisation if any) | | |
| | | |
| c. Has this family ever used another Child Contact Centre? (please circle) | Yes | No |
| If 'Yes', please give details (this Centre may be contacted). | | |
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| | | |
| d. Additional background information (Please use a separate sheet if necessary). | | |
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Both parties are aware of and in agreement with the referral and have read and understood our privacy statement.

I have explained the rules of the Child Contact Centre to my client and given them a copy of the Centre's leaflet / guidelines. This form has been completed accurately and to the best of my knowledge.

Name:

Signed:

Date:

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

Please return this form to:

Message from NACCC for the Resident Parent

The non-resident parent has applied to have contact with your child/children at a NACCC accredited contact centre. A contact centre is a safe, friendly and neutral place where children of separated families can spend time with the non-resident parent and sometimes other family members. They are child-friendly environments that put the needs of the children first and the NACCC website will tell you more about the work of contact centres.

Most children and young people say that they still want to see both parents after the separation. Children who keep in contact with both parents after a divorce or separation can adapt better than those children who lose contact with the parent they do not live with. This does not mean that contact is safe for all children but in most cases it will be, and the contact centre will help you to work this out. If you would like some help with this, a good place to start is the Parenting Plan, which includes links to other helping services.

<https://www.cafcass.gov.uk/grown-ups/parenting-plan.aspx>

At first it may seem impossible to put aside the strong feelings you might have about your ex-partner so you can both cooperate over your children. The important thing to remember is that you don't have to be friends; you just need to be able to develop a relationship so that you can sensibly discuss your children.

Your children will be shaped very much by how their parents behave towards them about the loss and how they behave towards each other. Important decisions such as where your child or children will live and how often they see each parent will of course affect them and so will the level of conflict between you and your ex-partner.

Children need...

- To be told what is happening and how their lives will change
- To know that the break up is not their fault
- To know that it is OK to feel angry and sad
- To know that its fine to talk and ask questions
- To be listened to
- To know that their parents understand how they feel and still love them
- To feel good about loving both parents
- To know that it is all right to have different family rules in different houses.

Children do not need...

- To hear or see their parents complaining about or blaming each other
- To hear adult information about the reasons for the separation or details about child support.
- To feel that they may be asked to choose one parent over the other
- To pass messages from one parent to the other.
- To feel like an outsider in one parent's home.

(Information from Cafcass 'Separated Parents Information Programme' 2015)

Our website www.thecontacthub.co.uk