

Self Referrals – Referral Form and Agreement

WOKING FAMILY CONTACT CENTRE

Woking Family Contact Centre
Woking United Reformed Church
White Rose Lane
Woking
GU22 7HA
Tel: 07826 745627



Member No. 230

Non-Resident Parent (Contact Parent)

This form should be completed in full before any contact is allowed to commence

Contact Details

Name:

Address:

Telephone Number:

Mobile:

Email:

Children's Names

DOB:

Age:

Gender

Relationship

When did your relationship with the children's father/mother end?

Why did your relationship with the children's father/mother end?

Has your family ever been known to or been involved with any of the following

CAFCASS

Yes

No

If yes please give dates and details

| | | |
|--|-----|----|
| Social Services | Yes | No |
| If yes please give dates and details | | |
| | | |
| The Courts | Yes | No |
| If yes please give dates and details | | |
| | | |
| Mediation services | Yes | No |
| If yes please give dates and details | | |
| | | |
| Do you have any concerns relating to domestic violence, drugs alcohol or mental health issues? | Yes | No |
| If yes please complete risk assessment and give details | | |
| | | |
| Do you or the resident parent have any convictions? | Yes | No |
| If yes please give details | | |
| | | |
| Previous Contact | | |
| 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 do the children feel about having any contact?

Arrangements for Contact

When would you like contact at the centre to take place and for how long?

Will anybody else be involved in the contact?

Are you in contact with/able to talk to the other parent/adult involved in the contact?

Will anybody be accompanying you on your visits to the centre?

Are you prepared to meet the children's father/mother? Yes No

Will staggered arrival and departure times be required? Yes No

Who has parental responsibility?

Will you be wanting to take the children out of the centre?

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| Do any of the children have any illnesses or allergies? |
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| |
| What language is spoken at home? |
| |
| Will an interpreter be needed? Yes No |
| |
| Are there any other issues you feel the centre needs to be aware of? |
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| |

Agreement

- I confirm that the information contained within this form is to the best of my knowledge both accurate and true.
- I agree to abide by the rules of the centre if I am offered a place
- 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’s rules.
- I have read and understood the Centre’s Privacy Policy as shown on the website, www.wokingfamilycontactcentre.org.uk .

| | | |
|------------|--|------------------------------|
| Signed | | Non-Resident Parent |
| Print name | | Non-Resident Parent |
| Signed | | Woking Family Contact Centre |
| Print name | | Woking Family Contact Centre |
| Date | | |