

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



Resident 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 non-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?		
Who will be bringing the children to the centre?		
Who will be collecting the children from the centre?		
Will anybody be accompanying you on your visits to the centre?		
Is there any risk of abduction?	Yes	No
Are you prepared to meet the children's father/mother?	Yes	No
Will staggered arrival and departure times be required?	Yes	No
Are you agreeable to the children's mother/father taking photographs?	Yes	No

Who has parental responsibility?		
Are you agreeable to the children being taken out of the centre? Yes No		
Do any of the children have any illnesses or allergies?		
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?		

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		Resident Parent
Print name		Resident Parent
Signed		Woking Family Contact Centre
Print name		Woking Family Contact Centre
Date		