



Adult who has care		Adult requiring contact	
Name		Name	
Address		Address	
Postcode		Postcode	
London Borough (if applicable)		London Borough (if applicable)	
Tel No		Tel No	
Relationship		Relationship	
Religion		Religion	
Ethnic/ Cultural origin		Ethnic/ Cultural origin	
First Language		First Language	
Interpreter required		Interpreter required	
Solicitors Name		Solicitors Name	
Case Reference		Case Reference	
Name of Practice		Name of Practice	
Address		Address	
Post code		Post code	
Tel No		Tel No	
Fax No		Fax No	
Email		Email	
Parental responsibility	YES/NO	Parental responsibility	YES/NO

Are both parties aware of this referral?	YES/NO
Are both parties willing to meet?	YES/NO
Are there any court orders? i.e. contact orders, injunctions	YES/NO
If yes, please give details:	
Is there a CAFCASS officer involved?	YES/NO
If yes, please give details:	
<b>Name:</b>	
<b>Address:</b>	
<b>Email Address:</b>	
<b>Tel:</b>	
Is there a Social Worker involved?	YES/NO
If yes, please give details:	
<b>Name:</b>	
<b>Address:</b>	
<b>Email Address:</b>	
<b>Tel:</b>	
Other professionals involved?	YES/NO
If yes, please give details:	

**CONTACT MODALITY** Please fill in or tick accordingly

<b>DAY</b> (9:00am – 9:00pm)	<b>TIME</b>	<b>Supervisor required</b>	<b>Pick up/Drop off</b>	<b>Escort</b> (Recommend for Children under 5yrs)	<b>Driver on Standby</b>
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Saturday					
Frequency of contact: (please delete as appropriate) weekly/fortnightly/monthly/other					
If other, please give details;					
Is Section 7 Court Report required from Contact Assessment Centre?:					
If yes, Date when Section 7 Court Report is due for filing:					

Will any child or adult need assistance due to disability?	YES/NO		
Will any child or adult need assistance due to a medical condition?	YES/NO		
If yes to either question, please describe the nature of the assistance required:			
If the person requiring contact is under sixteen years, please give details of the adult who will be accompanying them.			
Name	Address	Tel No	Relationship

## BACKGROUND HISTORY

Summary of events to date necessitating the referral should be attached.	
When and where did last contact take place, if at all?	
Have any of the people requiring contact sessions ever used a Family Contact Centre before?	YES/NO
If yes, please give details	

What happened to cause the contact to break down?

What is the purpose of the proposed contact?

### EVENTS AND ALLEGATIONS THAT HAVE NECESSITATED THE REFERRAL

Please delete as appropriate, if yes please provide details.		Details
Breakdown of parental communication	YES/NO	
Lack of appropriate venue	YES/NO	
Introduction/reintroduction of child	YES/NO	
Alleged lack of parenting expertise	YES/NO	
Domestic abuse (Emotional, physical, psychological)	YES/NO	
Sexual abuse (rape/sexual assault)	YES/NO	
Physical abuse	YES/NO	
Mental Health Issues	YES/NO	
Drug/Substance Abuse	YES/NO	
Alcohol Abuse	YES/NO	
Child Protection issues	YES/NO	
Abduction	YES/NO	

Is there an issue about:

Culture	YES/NO
Ethnicity	YES/NO
Religion	YES/NO
Travel	YES/NO
Finance issues impacting on proposed contact	YES/NO

Nature of issues:

Other family members/other adults attending:

## DECLARATION TO BE SIGNED BY THE REFERRER

This form is completed accurately to the best of my knowledge	
Referrer's signature	
Date	
Please return the completed referral for to:	The Contact Coordinator The RLC Family Life Centre Rear of 31 – 33 High Road Chadwell Heath RM6 6QJ  Fax: 05601161580



## FINANCIAL RESPONSIBILITY

To  
The Director  
The RLC Family Life Centre  
Rear of 31-35 High Road  
Chadwell Heath  
Essex  
RM6 6QJ

<b>Re:</b> (Family Name and Children)

_____
Department/Local Authority/Solicitor(s) ( <i>delete as appropriate</i> ) accept financial responsibility for the contact or parenting assessment of the above names family at The RLC Family Life Centre.

<b>Purchase Order Number</b> _____
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<b>Signed:</b> _____ <b>Date:</b> _____
<b>Print Name:</b> _____
Director of social services or person with financial responsibility (please delete as appropriate)
The commissioning officer with financial responsibility for the private and voluntary budget or its equivalents should sign this document. Cancellation of contact sessions or parenting assessment must be received in writing 4 (four) working days prior to contact, otherwise payment in full will be required.

<b>Name and address of person authorising payment:</b>