



## CHILD CONTACT - REFERRAL & RISK ASSESSMENT FORM

This form needs to be completed by both parties alternatively each party may submit their own form. Wherever possible copies of Court orders should be also be enclosed.

Contact cannot commence until this form has been completed in full and received by the Child Contact Social Work Manager . All information will be treated in the strictest confidence and is required solely in order to facilitate safe and beneficial child contact.

Please state level of supervision required ✓

<b>Supervised Contact</b> (supervisor remains in sight & sound of child at all times incl. contact in the community)		<b>Supported Contact</b> (lower vigilance, conversations not monitored)		<b>Handover</b> (management of start and end of contact)	
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Section 1. Children				
Name(s)	Age	Date of Birth	Male ✓	Female ✓

Section 2. Adult Requesting Contact (e.g. Non-Resident Parent/Grandparent)				
Name:			Parental responsibility? Y/N	
Relationship to child(ren):				
Date or time since:	a) Last met children		b) Lived with children	
Address:				
			Postcode:	
Email:		Daytime Tel:		Mobile:
Solicitor's Name:			Solicitors Ref:	
Name of practice:				
Address:				
			Postcode:	
Tel:		Email:		

Section 3. Adult with whom the child(ren) reside				
Name:			Parental responsibility? Y/N	
Relationship to child(ren):				
Address:				
			Postcode:	
Email:		Daytime Tel:		Mobile:

Solicitor's name:		Solicitors Ref:	
Name of practice:			
Address:			
		Postcode:	
Tel:		Email:	

Section 4. Referrer			
Name:		Job title	
Name of agency:			
Address:			
		Postcode:	
Tel:		Email:	

Section 5. CAFCASS, Contact Orders & Contact			
Is there an allocated CAFCASS Officer? (please tick ✓)	Yes		No
If yes, please provide name:		CAFCASS Office:	
Address:			
		Postcode:	
Tel:		Email:	
Is there a Court Order relating to contact? (please tick ✓)	Yes		No
If yes, please send a copy or give details of order:			
Please ensure that copies of any subsequent Court Orders made in respect of Child Contact are provided to the Centre at the earliest possible time.			
What other Court Orders have been made in relation to the children or either parent? please give details of order:			
Can the children be taken out of the centre (please tick ✓)	Yes		No
What is the next court date if any?			

Section 6. Arrival at Horsham Child Contact Centre .			
Are the parents willing to meet (please tick ✓)	Yes		No
Who will be bringing the child(ren) to the Centre?			
What is the preferred date of the first contact at the Centre?			
Frequency of contact?		Length of session	
Is permission given for photos? (please tick ✓)	Yes		No
Is permission given for gifts? (please tick ✓)	Yes		No
Names of other people allowed to participate in contact at the centre? <b>NB: It is not always possible for the centre to facilitate additional family members in the contact sessions. The decision will be made at the discretion of the Contact Manager. Permission must be obtained each time additional family members are to attend.</b>			
Name	Relationship to child		

<b>Section 7. Information Relating to Safety of the child(ren)</b>				<b>(please tick ✓)</b>	
Does the child/children, young person/s have a disability, illness, allergy, special needs or medical requirements? If yes, please give details.	Yes		No		
Do any of the adults involved suffer from physical/mental illness or impairment? If yes, please give details.	Yes		No		
Does the child/children, young person/s have a learning/behavioural disorder? If yes, please give details.	Yes		No		
Are there or have there been sexual/child abuse allegations made in this family? If yes, please give details.	Yes		No		
Is there a history of domestic abuse within this family? If yes, please give details.	Yes		No		
Has any person who will be involved in contact ever been convicted of an offence against a child? If yes, please give details.	Yes		No		
What level of risk do you feel exists in relation to the following? (please tick ✓)					
TYPE OF RISK	HIGH	MEDIUM	LOW	NONE	
Abuse					
Abduction					
Violence/Harassment					
Please describe risks – general issues, home environment, behaviour, Domestic Violence, Drugs/Alcohol etc. Please consider the whole family.					

What evidence is this based on?
What are the 'triggers' or circumstances likely to increase risk, and what evidence is this based on? (please attach any documentary evidence to support this)
Please give details of previous incidents (frequency etc.) including any criminal activity/convictions (list in full with dates and outcomes)
Any other information e.g. what agencies are working with this family? What support are this family receiving?

<b>Section 8. Additional Information</b>	
What languages are spoken at home?	
Is an interpreter required?	
What other Contact Centres has this family used?	
Any additional information you feel would be beneficial?	

### Section 9. Fees/ Charges

Our charges are set out in our fees policy, located on the website. Horsham Child Contact Centre requires that all fees for supervised contact be paid in advance. Contact sessions will not go ahead where payment has not been received. Missed session where minimum notice (24 hours) has not been given are still charged at full rate. These must be paid for prior to the next contact session. Fees will be discussed and agreed before contact can take place.

### Section 10. Agreement

**We hereby undertake that we have answered the above questions to the best of our knowledge and have given full disclosure. We accept that fees will be chargeable for the services of Horsham Child Centre on the basis described in the attached Terms and Conditions. We hereby agree to comply with Horsham Child Contact Centre's terms and conditions (as set out as an appendix to this form)**

Signed:	Relationship to child(ren):	Date:

This section must be signed by the resident parent/guardian and the person seeking contact.

**Please Note:** *This undertaking will not be accepted unless accompanied by all other pages of this document, i.e. pages 1,2,3,4 & 5*

Please post or email the completed form along with copies of Court Orders and other relevant information to so

Social Work Manager  
Horsham Child Contact Centre  
Roffey Place, Old Crawley Road  
Horsham  
RH12 4RU  
Tel: 07594598243 or  
07808649728

Email: [hccc@kingdomfaith.com](mailto:hccc@kingdomfaith.com)  
[Sarah.hccc@kingdomfaith.com](mailto:Sarah.hccc@kingdomfaith.com)

**Please note:** Once we have received payment of the administration fee, we will contact you to advise on availability of sessions and to answer any questions or concerns you may have. Parents will then be asked to attend the Centre prior to the Contact sessions starting to complete the application process.