

## Self Referrals – Referral Form and Agreement

Church Street Child Contact Centre  
St. Mary's Church, Slough, SL1 1PJ



Please return completed form to  
Jean Smith, 30 St. Luke's Road, Old Windsor, Berks SL4 2QQ  
Mobile 07726 324 589  
Email: jeanpsmith1945@gmail.com

### 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		
<b>Previous Contact</b>		
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?		
<b>Arrangements for Contact</b>		
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?	Yes	No
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?	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 centres rules.

Signed		Non-Resident Parent
Print name		Non-Resident Parent
Signed		_____Child Contact Centre
Print name		_____Child Contact Centre
Date		

## DATA PROTECTION CONSENT

I consent to all the personal data included in this form being held by the Co-ordinator for the period of contact between child/children and the non resident parent. I understand this information will not be disclosed to a third party and that the information will be shredded 3 months after notification that contact has ceased.

Name.....

Signed.....

Date.....