

HAMILTON CHILD CONTACT CENTRE

Referral Form

Supervised Supported Handover

Name of Resident Parent / Carer and relationship to child:		Name of Contact Parent / Person and relationship to child:	
Address:		Address:	
Tel. No.		Tel. No.	
Email:		Email:	
Is this person bringing the child(ren) to the Centre? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please state the adult's name and relationship to the child(ren):</i>			
Referrer Name and Address:		Referrer Name and Address:	
Tel. No.:		Tel. No.:	
Email:		Email:	
Name(s) of Children	Date of Birth	Name(s) of Children	Date of Birth

Court Order/Contact Details	
Is there a Court Order relating to the contact? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please send a copy with this form</i>	
What is the next Court date (if any)?	
Frequency of Contact: Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> (if other, please give details)	
Duration of Contact Session 1 hour <input type="checkbox"/> 2 hours <input type="checkbox"/> other (for supported handovers) <input type="checkbox"/>	
The above terms have been agreed by both parties <input type="checkbox"/>	
The above is my client's preferred contact terms <input type="checkbox"/>	
Please give a brief outline of any information you consider may be helpful, e.g. present	

relationship between parents; time elapsed since child(ren) has seen contact parent/person; whether or not parents willing to meet; possibility of child(ren) wanting to see grandparents or other family members.

Has the family been to a Contact Centre before?

Yes No

If yes, state the name and address of the Centre:

Dates of attendance:

From:

To:

Reason for leaving:

Health and Medical Requirements

Do any of the children have any illness, allergy, disability, additional support needs or medical requirements? Yes No

If "Yes", please give details.

Do any of the adults involved have a medical condition, mental illness or disability (including learning disability) likely to affect contact? Yes No

If "Yes", please give details.

Risk Assessment Information

Is there likely to be a risk of abduction?

Yes No

Are there allegations or convictions relating to domestic abuse involving either party or their children?

If "Yes", please give details.

Yes No

Are any of the following in place?

Interdicts

Yes

No

Bail conditions

Yes

No

If "Yes" please give details

Are there or have there been sexual/child abuse allegations made in this family?

If "Yes", please give details.

Yes

No

Has any person who will be involved in the contact been convicted of an offence against a child?

If "Yes", please give details.

Yes

No

Are there allegations or convictions relating to alcohol or drug misuse?

If "Yes", please give details.

Yes

No

Supervised Contact only – please complete the following section

Why is supervision required? What specifically needs observation/intervention?

Payment Information

Is the client in receipt of assistance from the Scottish Legal Aid Board?

Yes

No

Please state name and address to which invoice should be sent.

Please return this form to:

Hamilton Child Contact Centre

4A Auchingramont Road

HAMILTON, ML3 6JT

Tel: 07931 135157

Email: contactcentrestmarys@gmail.com

