

REFERRAL FORM & RISK ASSESSMENT



Supervised Contact Referral Form

Referrer Information (The 'referrer' is the person completing this form). Each parent needs to complete a separate referral form.

Referrer name and role:	
Referrer address and postcode:	
Telephone:	
Email:	

Please return your completed form to contactservices@canw.org.uk We may not accept this referral. We may ask for further information regarding this referral. For further information please visit our website - [Pro Contact - CANW | Child Action North West](#)

Contact Details

Family Details Child(ren)

Name(s)	Age	Date of Birth	Gender	Ethnicity
Who does the child live with?				
Who has parental responsibility?				

Adult with Whom the Child Lives

Name:			
Relationship to child(ren):			
Address:			
Postcode:		Ethnicity:	
Telephone:		Email:	

Partner

Does the adult with whom the child lives with have a live in partner?	
Name:	

Adult with Whom the Child Does Not Live

Name:			
Relationship to child(ren):			
Address:			
Postcode:		Ethnicity:	
Telephone:		Email:	

Partner

Does the adult with whom the child does not live have a live in partner?	
Name:	

Solicitors

Adult with Whom the Child Lives

Solicitor's Name:			
Practice:			
Address:			
Postcode:			
Email:			
Telephone:		Mobile:	

Adult with Whom the Child Does Not Live

Solicitor's Name:			
Practice:			
Address:			
Postcode:			
Email:			
Telephone:		Mobile:	

Cafcass

Is there an allocated Cafcass officer?	
Name and address of allocated Cafcass officer:	
Have Cafcass made previous recommendations for this family?	
What were the recommendations?	

Proposals for Sessions

Number of sessions required:	
Frequency of sessions required:	
Preferred start date to commence:	
Who will bring/collect the child(ren)?	
Are the parents willing to meet?	
If the parents and other adults involved in the sessions are not willing to meet please indicate why (court orders, domestic abuse etc).	

Are any other adults and or child(ren) allowed to be in the sessions?		
Names of adults:		
Relationship to child(ren):		
Names of child(ren):		
Relationship to child(ren):		

What is the overall aim of the sessions?

Do you require a written report of the contact session? Yes / no

Please note written recordings double the cost of sessions (see finance section).

Please comment on the following:

Adults' views / expectations of referral:

Children's views / expectations of referral:

Previous Contact

When and where did contact last take place? Who was involved in this contact?

Why did it break down (if applicable)?

Has this family ever used another centre?

Name of centre and dates used:

Why did the contact end at this centre?

Other Information

Do any of the children or adults involved in the sessions have any special needs or requirements relating to illness, impairment, allergies, special needs or other? (please specify)

Child(ren):

Adults:

Diversity needs

Are there any specific diversity needs?

If yes please specify below

Language/interpreter requirements

Will an interpreter be required? (Only professional interpreters can be used)	
Language spoken:	
Who will provide and pay for the interpreter?	

Background Details

Court Orders

Is there a court order for this referral?	
Name(s) of child(ren) or adult(s) to whom the order relates:	
Type of order (child arrangement, care, residence, contact, parental responsibility, specific issues, prohibited steps, injunctions or other), please specify:	
Court making order:	
Date order made:	
Date of next court hearing:	

Previous Convictions / Findings of Fact

Please give full details of any offences or findings of fact involving children, domestic abuse, sexual offences, drugs, arson and firearms.	
Name of adult to whom conviction/ FoF relates:	
Nature of conviction:	
Details of conviction:	
Date of conviction:	

Local Authority Involvement

Does one or more local authority Children's Services Departments know the family? Present or Historical involvement.		
Name of authority:		
Name of worker:		
Child(ren) involved:		
Nature of involvement:		
Dates of involvement:		

Are any of the children involved in the sessions currently subject to a Child Protection Plan or other Local Authority involvement?		
Child(ren)'s name(s):		
Category:		
Date registered:		
Date of next conference:		

Are any of the children involved in the proposed CCI currently on the Educational Special Needs Register?		
Child(ren)'s name(s):		
Specific behavioural/learning difficulties:		
Date registered:		

What other agencies are the family known to and or been involved with?

Name of agency:	
Name of worker:	
Nature of involvement:	
Dates of involvement:	

Risk Assessment

Please provide further detail and information regarding Risk Assessment if Yes/Allegation has been identified and complete all sections.

We ask that all applications be as open and honest as possible. Should we need to enquire further about any risks identified below, we will contact you directly to discuss.

Please indicate which of the following have affected or are continuing to affect the family you are referring and what is the current level of risk:				
Safeguarding children	Yes/No/Allegation	Please indicate		
		High	Low	None
Physical Abuse:				
Sexual Abuse:				
Emotional Abuse:				
Neglect:				
Risk of Abduction:				
Other potential concerns				
Domestic abuse:				
Conflict between adults:				
Alcohol abuse:				
Drug/substance abuse:				
Mental health issues:				
Cultural issues:				
Religious issues:				
Immigration / asylum:				
Financial issues:				
Medical condition adult/child:				
Physical impairments adult/child:				
Learning difficulties adult/child:				
Parenting skills:				
Involvement of other family members in the contact:				
Risk of violence towards staff:				
Risk of volatile behaviour:				
Risk of self harm:				
Other (please specify):				

Further detail and information regarding Risk Assessment:

Finance

Referral fee	£165 and non-refundable. The referral fee is required upon receipt of the referral. The referral fee includes Contact Agreement Meetings with both parents and a child pre-visit (if applicable). These take place via video call.
Supervised Contact	£125 for a 90 minute session. For written recordings add £100 per session. For shorter sessions £125 is still charged.

As a charity, we rely on prompt payment and will not undertake any work until payment is received. Payment needs to be received by 9am one week before each appointment. If appointments are on a weekend, payment must be received by 9am on the Friday, one week before. Please note we will cancel sessions if payment is not received on time and will close the case if prompt payment is an issue so that we can offer the place to another family.

Payment is made as follows:

Bank Transfer	Account Name:	Child Action Northwest
	Sort Code:	05-02-52
	Account Number:	22738925
	Bank:	Yorkshire Bank (Virgin Money)
	Your Reference:	Your Full Name

Name of person who will be paying for the service:

Availability for Sessions

Sessions are available at our Bolton centre during the week and at weekends.

Sessions at our Lancashire centre are available on Saturdays only.

Whilst we will endeavour to accommodate availability, we also take into account staff availability and availability of other parties. We therefore ask that everyone is flexible and prioritises the sessions over other commitments.

Please note for supervised contact the visiting parent has to arrive 15 minutes before the session and remain 10 minutes after.

Please indicate any dates, which you know in advance you will be unable to attend (e.g. holidays, pre-arranged essential appointments etc).





FOR MORE INFORMATION

CANW Pro-Contact, Unit 4B, Springfield Court,
Summerfield Road, Off Manchester Road, Bolton BL3 2NT

t 01204 369130

www.canw.org.uk

Registered Charity No: 222533