

Self-referral Form and Agreement

Resident Parent

This form needs to be completed in full before any contact is allowed to commence



Contact Details

Name

Address

Telephone (landline)

Telephone (mobile)

e-mail Address

Child(ren)'s Name(s)

Date of Birth

Age

Gender

Relationship

When did your relationship with the child(ren)'s mother/father end?

Why did your relationship with the child(ren)'s mother/father 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 non-resident parent have any criminal convictions?

Yes

No

If Yes, please give details

Previous Contact		
When and where did contact last take place?		
Who was involved in the contact?		
Why did the contact cease?		
If they are old enough to understand and have a view, how does/do the child(ren) feel about having any contact?		
Arrangements for Contact		
When would you like contact at the centre to take place and for how long?		
Will anyone else be involved in the contact?		
Who will be bringing the child(ren) to the centre?		
Who will be collecting the children from the centre?		
Will anybody be accompanying you on your visits to the centre? If Yes, please give details	Yes	No
Is there a risk of abduction?	Yes	No
Are you prepared to meet the child(ren)'s mother/father?	Yes	No
Will staggered arrival and departure times be required?	Yes	No
Who has parental responsibility?		
Are you agreeable to the child(ren)'s mother/father taking photographs?	Yes	No
Do any of the children have any illnesses or allergies? If Yes, please give details	Yes	No
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? If Yes, please give details	Yes	No

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 centre rules
- * I understand that all information will be treated in the strictest of confidence and have read and understood the centre's Privacy Statement/Policy as specified on its website (www.waltonchildcontactcentre.org)

Signature	Resident Parent
Print Name	Resident Parent

Signature	for Walton-on-Thames Child Contact Centre
Print Name	for Walton-on-Thames Child Contact Centre

Please return this form to: The Coordinator, Walton-on-Thames Child Contact Centre, St Andrew's United Reformed Church, Hersham Road, Walton-on-Thames, Surrey KT12 1LG (or e-mail it to wot.contactcentre@gmail.com)