THE FIRST HUB

Application for Child Contact

Guidelines for Referrers

1. The FIRST Hub Child Contact Centre facilitates Supported and Supervised by appointment from Mondays to Saturdays between 9:30 and 15:00.

2. The application form will only be processed on receipt of the referral fee and if fully completed, including copies of any court orders if any. Self-referrals are accepted. Please include the availability of all parties, contact telephone numbers and emails of all parties so that staff can process the referral as quickly as possible.

3. It is the responsibility of the referring agent to ensure both named parties are aware of the contents and processes concerned with the application of this form and that it is fully completed with signatures obtained from both parties and representatives of,

4. It is the responsibility of the referring agent to ensure payment matters have been discussed and agreed prior to requesting any supported or supervised contact sessions. Once a fully completed and signed referral has been received together with the referral fee, please note that the referral fee is **non-refundable**. Any payment made prior to an application being fully completed will also be non-refundable. Therefore, we advise payment is not made until the application process has been fully completed. Any payments for supported and supervised contact are to be paid in full prior to any contact sessions taking place. For referrals from social services please include details of who to invoice for a referral fee and a purchase order number.

5. Space at the Centre may be limited and at times we may have to operate a waiting list. Please contact the Administrator at least four weeks before the proposed first visit to enquire whether the family can be accommodated. At least twenty working days is required to process a complete application after receipt of fees.

6. We will be pleased to confirm the dates and times that your clients attended the contact sessions or an executive summary report when requested.

7. Please inform the Administrator if any changes become necessary to the information contained on this form (e.g., revised Court Order).

8. Please inform the Administrator of any changes in contact details, background information, changes in contact times or if the family no longer wishes to use the Centre.

Thank you for your co-operation.

Please retain these guidelines for your information

Date received	Date pending	Date entered on stats	Date closed.

THE FIRST HUB
Application for Child Contact

Supported ☐	**Supervised** ☐	**Hand-over** ☐
Please state where you heard about The FIRST Hub:		

Please ensure every detail of this form is completed correctly.

Adult with whom the child resides: Is this information to be disclosed? Y / N	**The adult who has contact** Is this information to be disclosed? Y / N
Please Specify	Please Specify
Title Mr/ Mrs/ Miss/ Ms /Mx/ Dr/ Rev/ Cllr/	Title Mr/ Mrs/ Miss/ Ms /Mx/ Dr/ Rev/ Cllr/
Other……..	Other……..
Pronouns I/ You/ He/ She/ Her/ Him/ They/ them	Pronouns I/ You/ He/ She/ Her/ Him/ They/ them
Other……..	Other……..
Name.....	Name.....
Address.....	Address.....
.....	.....
Post Code…….	Post Code…….
Telephone No.....	Telephone No.....
Mobile No…….	Mobile No…….
(Emergency No) ……	(Emergency No) ……
Email……...	Email……...
Relationship to child/ren.....	Relationship to child/ren.....
Ethnicity…….	Ethnicity…….

Child/ren's Full Names	**Date(s) of Birth**	**Boy/Girl**
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Is there a court order relating to the contact? Yes/No Case ref No:
If 'Yes,' please attach a copy.
What other court orders have been made in relation to the child(ren) and when?
Further court review dates:
Cafcass Officer name Tel No: -

Must the children stay at the Centre? Yes/No
If no, have both parents agreed the child can be taken out of the Contact Centre? Yes/No

Are the parents willing to meet?	**Yes/No**

Is the family known to Social Services?	**Yes/No**
If 'Yes,' please give details.	
Family Support Plan	**Yes/No**

Do any of the children named on this referral form have EHA/CAFs? (Early Help Assessment/Common Assessment Framework) **YES/NO** **Please give details:**

Referred by (Please Tick):

Social Services		**Self**		**CAFCASS**	
Solicitor		**Other**			

Please detail who to invoice for costs: (referral fee, supervised, observed or mid-week handover). **Please note payment must be received in advance for contact to be arranged.**

Name: …….

Address: ……Post code……

Email: …….

Frequency of contact	**Weekly**	**Fortnightly**	**Monthly**	**Other** (please specify)
Duration of Contact	**1 Hour**	**2 Hours**	**Other**	(please specify)
Days and times children available for contact				
Dates and times contact parent available contact				
Names and relationships of all other people allowed to participate in contact, stating the ages of any children (must be agreed by both parents.)				
No of visits proposed.				

Background information required to allocate Contact:

1 Length of time since the child/ren had contact?

2 When and where did contact take place?
Please detail:

3 Has the family ever used another Contact Centre? **Yes/No**
Please give details:

4 Has any child named on this referral form (or any other) been included on a Child Protection Register because of the risk of abuse by any party? **Yes/No**
Please detail:

5 Has any adult, who will be using the Centre under the terms of this referral, been. Convicted of any criminal offence? **Yes/No**
Please detail:

6 Do both parties have parental responsibility of child/ren involved in contact? **Yes/No**

7 Has any adult to use the Centre been under investigation or is currently under Investigation following allegations that a child has been abused? **Yes/No**
Please detail:

8 Has any court found on the balance of probabilities, that an adult to use the Centre has. abused a child? **Yes/No**
Please detail:

9 Are there or have there been any issues of Domestic Violence between the parties? **Yes/No**

If yes, are there current injunctions in force? **Yes/No**
Please detail:

10 Please give details of any allegations, undertakings, injunctions, or convictions relating to violence involving either party, their respective families, or the children.

11 Is there any fear that the child/ren might be abducted? **Yes/No**
Please detail:

12 Are their procedures in place for holding passports, etc (please circle) **Yes/ No**

13 Are there any relevant mental health issues within the immediate family? **Yes/No**
Please detail:

14 Does anyone who is to use the Centre suffer from any disability or special needs? **Yes/No**
Please detail:

15 Are there any issues related to alcohol or substance misuse? **Yes/No**
Please detail:

16 Is English the first language of the family? **Yes/No**

If no, state first language and confirm an interpreter has been arranged. Please give contact details of interpreter (name, organisation, and telephone number)

17 All parties agree to abide by and sign the Centre's Conditions of Use **Yes/No**
This is a necessity for contact to be arranged.

18 Are gifts allowed to be given to the child/ren during contact sessions? **Yes/No**
Please detail:

19 Additional background, information, or other helpful information regarding contact (Please use separate sheet if necessary)

Solicitor of resident adult Please Specify	**Solicitor of contact adult** Please Specify
Title Mr/ Mrs/ Miss/ Ms /Mx/ Dr/ Rev/ Cllr/	Title Mr/ Mrs/ Miss/ Ms /Mx/ Dr/ Rev/ Cllr/
Other…….	Other…….
Pronouns I/ You/ He/ She/ Her/ Him/ They/ them	Pronouns I/ You/ He/ She/ Her/ Him/ They/ them
Other…….	Other…….
Name …….	Name …….
Firm	Firm .....
Post Code …….	Post Code …….
Telephone No	Telephone No .....
E-Mail…….	E-Mail…….

Sign below: Solicitor	**Sign Below: Solicitor**
I have consulted with my client and believe the above information to be correct. **Signed:** **Date:** **Print:**	**I have consulted with my client and believe the above information to be correct.** **Signed:** **Date:** **Print:**
Sign Below: Resident adult	**Sign Below: Contact adult**
I have read the referral form and believe the above information to be correct. **Resident parent to sign.** **Signed:** **Date:** **Print:**	**I have read the referral form and believe the above information to be correct.** **Contact parent to sign.** **Signed:** **Date:** **Print:**

**Typed signatures will not be accepted, must be hand-signed.*

Please return to: The FIRST Hub
Child Contact Service
13 Lugley Street
Newport, Isle of Wight
PO30 5HD

PLEASE NOTE THAT PAYMENTS FOR SUPERVISED/OBSERVED SUPERVISED CONTACT SESSIONS AND PRE-VISITS MUST BE PAID FOR AT LEAST 7 WORKING DAYS PRIOR TO THE PRE-VISIT ARRANGED OR ALL CONTACT DATES WILL BE CANCELLED.

Office use only	
Referral received	
Date of Pre-visit	
Date of first contact	
Dates Reviewed	

Contact ended	

Privacy Notice - How information about you will be used by The FIRST Hub

Our contact details.

Name: The FIRST Hub
Address: 13 Lugley Street, Newport, IOW PO30 5HD
Phone: 01983 246972
E-mail: hello@firsthub.org
Website: www.firsthub.org

The type of personal information we collect.
This privacy notice explains how The FIRST Hub will use your personal information and the ways in which we will protect your privacy.

We currently collect and process the following personal information about you and your child (or children):

- the names, addresses, dates of birth, phone numbers and e-mail addresses of you and your children.
- information about your family history, physical or mental health, drug or alcohol use, race or ethnicity, disability, criminal record, or proceedings (where applicable).

How we get the personal information and why we have it
Most of the information we process is provided to us directly by you to enable us to provide your child (or children) with a Child Contact service.

We will also process referral information supplied by other agencies who are working with you, such as your solicitor, CAFCASS, the courts or local authority. We use this information to provide your child (or children) with the most appropriate child contact service for their needs.

This notice applies to all personal information collected by The FIRST Hub. Information may be collected in writing, by letter, by e-mail, face to face, by telephone or online.

Sharing Information
The FIRST Hub provides a confidential service. This means we will keep information about you safely and only share it if:

- You tell us we can share information about you with another organisation. We may share this information with your solicitor, CAFCASS or social services about issues relating to your child/children.
- We need to share information about you for one of the following reasons:
    - We believe that you are at risk of serious harm.
    - There is a risk to children.
    - There is a risk that you may harm others.
    - We have a legal duty to disclose information to the police or the courts in relation to a crime or legal proceedings.

Under the General Data Protection Regulation (GDPR) the lawful bases we rely on for processing this information are:

(a) Your consent. You can remove your consent at any time by contacting the Child Contact Manager on 07898 893449.
(b) We have a contractual obligation.
(c) We have a legitimate interest.

How we store your personal information
We will keep information about you safely and in accordance with the law. Your information will be stored in computer and paper files at our offices at the above address.

We will keep your personal information throughout the time your child (or children) are using our Child Contact service. We will delete all personal information which is held electronically (that is, on our computer system) within 10 days of closing your case. Paper records are stored safely and destroyed after 2 years, unless there is any child protection information, which we are legally obliged to keep for 21 years.

Your rights
The General Data Protection Regulations 2018 are a law which all organisations must comply with to protect the privacy of individual's personal data. Under the law, you have rights including:

1. The right to be informed (this means we need to tell you how we use your personal data):
2. The right of access (this means you can ask to see the personal information we hold about you):
3. The right to rectification (this means you have the right to have any inaccurate or incomplete information corrected):
4. The right to erase (this means we must delete your information when we no longer have a reason to keep it):
5. The right to restrict processing (this means you can block the processing of your information when an organisation does not have a legal reason to process your information).
6. The right to object (this means you can object to the use of your information in some circumstances, such as direct marketing. The FIRST Hub never gives your information to other organisations for marketing purposes).

You are not required to pay any charge for exercising your rights. If you make a request, we have one month to respond to you.

Questions or complaints
We understand that the information in this Privacy Notice is complicated and may be difficult to understand. If you have any further questions or you would like any further information about how your information is used, you can talk to your Child Contact worker or contact our data protection officer (DPO) listed below.

For more information about our Data Protection Policy, please contact our Data Protection Officer:
Tina Maretic, The FIRST HUB, 13 Lugley Street, Newport, IOW, PO30 5HD
Telephone: 01983 246972
For independent advice and information, you can contact the Information Commissioners Office (ICO) via their website https://ico.org.uk/ or by phoning 0303 123 1113.

Permission to share information.
We can share information about you with other organisations **if you give us permission to do so**.
For example, we may talk to your solicitor, CAFCASS officer or social worker about issues relating to your child contact.
Are you willing to give us permission to share information about you with (please circle):

Name of organisation	**Do you give permission?**
Your solicitor	Yes/ No/ Not applicable
CAFCASS	Yes/ No/ Not applicable
NACCC (National Association of Child Contact Centres)	Yes/ No
Social Services	Yes/ No/ Not applicable
Other e.g., family, another service	Please print the names of who:

As part of the process of accreditation and re-accreditation, NACCC (National Association of Child Contact Centres) will need access to personal information relating to families. Notes will **not** be made relating to specific content or names. Assessors need to see that The FIRST Hub is using the systems that are in place consistently and that information is used in a logical way to ensure safety. NACCC will not remove, retain, store, or record any personal data from family files.

How we communicate with you
We will contact you to make or confirm appointments or to give you information about your child contact. We may make contact in person, by letter, e-mail, telephone, or SMS. Please tick the relevant boxes below if you agree to being contacted in this way:

Method of contact	**Please tick**
Visit	
Post	
E-mail	
Telephone	
SMS	

Your declaration
I understand the following:

The FIRST Hub holds personal information about me and my family for the purpose of providing me with a child contact service. Some of this information will have been provided by me and some may have been provided by other referral organisations, such as my solicitor, CAFCASS or the courts.
I give my consent to The FIRST Hub processing my personal information for the purpose of providing me with a child contact service. I understand that I can withdraw my consent at any time but if I withhold my consent, The FIRST Hub will not be able to provide me with a child contact service.

The FIRST Hub may share my personal information without my permission only in the following circumstances:

- They believe that I am at risk of serious harm.
- There is a risk to children.
- There is a risk that I may harm others.
- When there is legal duty to disclose information to the police or the courts in relation to a crime or legal proceedings.

The FIRST Hub has my permission to share my information with the organisations I have circled on page 10 above, as part of providing me with a child contact service.
The FIRST Hub may communicate with me in the ways I have ticked on page 8 above.
My rights and how I can obtain further information, or make a complaint, have been explained to me.

Signature ……Date…….