

Public Law Child Contact Referral and Risk Assessment Form

The professional completing this form must sign and date it.

To avoid delays in the processing of this form, please ensure that you answer all questions and use *N/A* for 'not applicable'

Contact services cannot commence until this form, and the supporting documents have been completed by the Referrer and the Other Participating Party and sent back to C4F Contact Centre for processing. **All information will be treated in the strictest confidence.**

C4F will complete its own Risk Assessment based on available referral information.

The referral contains 3 parts:

(Part A) - *Referral*

(Part B) - *Risk Assessment, and Agreement with Parents Carers*

(Part C) - *Separate document*

Part A - Referral Form

The Referrer:

Referral Date	
Name and professional role of the referrer	
Referrers' contact details (<i>full address, email and telephone</i>)	
Referrers' manager: (<i>email and telephone</i>)	

Invoicing email contacts:

Email to contact for purchase orders <i>(must be completed if you require a PO to make payments)</i>	
Email to send to invoices to <i>(must be completed in all cases)</i>	
Email to contact to set up us up as new supplier <i>(if applicable)</i>	

Where did you hear about our services? (Please tick or write 'yes')	C4F website (A)	NACCC Website (N)	Search engine (Please specify) (S)	Other (Please specify) (O)

Contact Requirements and Location

Which type of contact is being requested? *(Please tick or write 'yes' in the relevant space)*

Supervised (at C4F Contact Centre)		Supported (at C4F Contact Centre)	
Supervised (in the community)		Supported (in the community)	
Supervised (at a parent/family member's address)			

Which of our Child contact Centre's is the referral for, if known? *(please tick or write yes in the relevant space)*

Feltham (Middlesex)		Stanwell (Surrey)	
Abbots Langley (Watford)			
Another venue elsewhere in the UK (please specify location)			
Community based session elsewhere in the UK (please specify location)			

Is contact report needed?	Yes/No
If so, please provide the email it should be sent to:	
Are staggered arrivals and departures required? <i>(this helps to ensure parties do not come into contact with each other)</i>	Yes/No
Is child transport required? <i>(please provide collection and drop off details/addresses)</i>	Yes/No

Subject Children's Details

Subject Children	Full name (including surname)	D.O.B	Gender	Age	First language	Ethnic origin
1						
2						
3						
4						

PARENTS/CARERS' DETAILS

Parent/Carer' name & relationship to child			
Address			
D.O.B		First language	
Contact number		Email address	

Where does child live and with whom?	
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School details, where applicable	
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Significant Medical / Health Needs

(Child/ Parent / Carers)

Allergies/conditions/medications/ disabilities/special needs	
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In the following sections, the referrer has the option of referring us to information contained in an attached document, for example:

'Please refer to attached Strategy Meeting document, dated

XXX'.

Case Summary /Chronology

Please include case history/chronology. What has led to the family needing this support now? Details of current court proceedings, the child's wishes and feelings regarding proposed contact)

Specific Requirements and Expectations

<p>Proposed dates, frequency and duration of contact (who is to take part?)</p>	
<p>Date and circumstances of child’s last contact/meeting with the parent who is to have contact?</p>	
<p>Significant others <i>List individuals who may sometimes take part in contact sessions (other than the parents) and those who MUST NOT come into contact with the child/ren.</i></p>	
<p>Who will be responsible for the child/ren’s toileting? <i>Contact supervisors will only physically assist in cases where parents are alleged/known to pose significant risk in this context.</i></p>	
<p>Medication <i>Is the family member (non-parent) allowed to administer medication and if so, details. (You must be a parent with Parental Responsibility to issue this consent)</i></p>	
<p>First Aid <i>C4F staff are trained in First Aid. Does C4F has parental consent to administer First Aid in emergencies (the attending parent would always be asked first, where possible)</i></p>	

<p>Gifts <i>It is assumed that gifts would be allowed and if not, please offer an explanation as to why not.</i></p>	
<p>Snacks and drinks <i>Please set out agreed arrangements, what foods should be avoided, food consumption cut/off time for child/ren, etc.</i></p> <p>Any allergies we need to be aware of?</p>	
<p>Cooking on premises <i>Is there expectation that the parent/family member will wish to cook or warm food at our centre?</i></p>	
<p>Photos/videos <i>it is assumed the parent would be able to take photos and videos of the child if they wish to. Please offer an explanation if you do not agree to it and where might this view be supported in the court order.</i></p>	
<p>Social Media <i>Is there an expectation that the parent engaging in contact sessions must not post any photos or videos from the session on their social media. Please elaborate on the reasons, if so.</i></p>	
<p>Mobile phone and video calls <i>(with other family members during the session) Is this agreed and if not, please elaborate on the reasons.</i></p>	

<p>Additional, relevant contact requirements and information.</p>	
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Part B - Risk Assessment

<p>Details of any animals in the home (if home-based contact)</p>	
<p>If 2:1 support is needed, why?</p>	
<p>Detail any past incidents of threat of violence towards staff or other members of the public incl. triggers (perpetrated by either adult of the child)</p>	
<p>Comment on past domestic violence allegations/incidents and the current risk of DV</p>	
<p>Details of risks associated with drug/alcohol misuse issues</p>	
<p>Details of known significant mental health issues (child and/or adult)</p>	
<p>Recommendations on how various risks should be mitigated against and managed</p>	
<p>Any other relevant 'Risk Assessment' information?</p>	

<p>If community-based work (out and about for activities for example) which geographical locations, if any should be avoided and why?</p>	
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<p>Please provide a list of attachments included with this form</p>	
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<p>Court Order Attached?</p>	<p>Yes</p>	<p>No</p>	<p>Comments:</p>
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Referrer Signature & Date:

Electronic signatures are acceptable. Alternatively, please print your name in The Referrer section below and email this form back to C4F Contact Centres.

By signing below, I can confirm that I have shared PART C Agreement with parents/carers, and they understand the conditions and terms on which the contact will be supplied.

Please note, if this form is unsigned, we will be unable to provide contact services.

The Referrer Signature:

Date(s):

