

# Stevenage & North Hertfordshire Child Contact Centres



c/o Hampson Park Community Centre  
Webb Rise, Stevenage SG1 5QU

[www.snhccc.org.uk](http://www.snhccc.org.uk)

Telephone 07563 727 033  
Email: [snhccc@hotmail.co.uk](mailto:snhccc@hotmail.co.uk)



## SELF-REFERRAL FORM

(Please read the 'Guidelines/Agreement for Self-Referrers' before completing this form)

### PLEASE NOTE:

The details on this form will be verified by the Co-ordinator with both parties possible this form will need to be seen and completed by both parties. The Child Contact Centre will organise this and will also ensure that the contact details of each party are kept confidential unless otherwise instructed.

Contact cannot commence until this form has been completed and received by the Co-ordinator along with the initial £20 fee. When contact has been arranged the £52 balance will then be due. Please contact us if you need more information on our fees policy.

Please allow two weeks for this form to be processed before contact can be arranged. There may be a short waiting list.

**ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE.**

OFFICE USE ONLY			
Name(s) of child(ren)			
Date referral received:		Referral Fee paid	
Preferred centre: (please tick)	Stevenage		Letchworth
Copy to Centre:			
Date of pre-visit			
Date of first contact			
Dates of each review			
Date contact ended			

<b>Where did you hear about us?</b>			
<b>1. Person making the referral</b>	Name:		
	Relationship to child(ren):		
	Address:		
	Postcode:	Email:	
	Telephone:	Mobile No:	
<b>2. Adult for whom contact is requested:</b>	Name:		
	Relationship to child(ren):		
	Does this person have legal parental responsibility? (please tick)	Yes	No
	Address:		
	Postcode:	Email:	
Telephone no:	Mobile No:		
<b>Solicitor:</b>	Name:		
Address:			
Postcode:		Tel no:	
Email:			

<b>3. Adult with whom child(ren) live(s):</b>	Name:		
	Relationship to child(ren):		
	Address:		
	Email:		Postcode:
	Telephone:		Mobile No:
<b>Solicitor:</b>	Name:		
Address:			
Postcode:		Tel no:	
Email:			
<b>4. Name(s) of Child(ren)</b>		<b>Date of birth</b>	<b>Boy = B Girl = G</b>
<b>5. When and where did contact last take place?</b>			
<b>6. Do you have a (Cafcass) Family Court Welfare Officer? (please tick)</b>		<b>Yes</b>	<b>No</b>
Name:		Office:	
<b>7. Is there a court order relating to this contact? (please tick)</b> Attach a copy if available.		<b>Yes</b>	<b>No</b>
<b>8. Are the parents/family members willing to meet? (please tick)</b>		<b>Yes</b>	<b>No</b>
<b>9. Will the adult with whom the child(ren) live(s) be bringing them to and collecting them from the Centre? (please tick)</b>		<b>Yes</b>	<b>No</b>
If 'No' who will be bringing/collecting the child(ren)?			
<b>10. How often would you like contact to take place?</b>			
<b>11. For how long would you like contact to last? (Please note: contacts in the centres are for a maximum of 2 hours)</b>			
<b>12. Does the adult with whom the child(ren) live(s) agreed that the child can be taken out of the Centre? (please tick)</b>		<b>Yes</b>	<b>No</b>
<b>13. Name(s) of other family members requesting contact at the Centre. (Please note: we can only accommodate the visiting relative plus a maximum of two others in any session)</b>			



14. Are there or have there been sexual/child abuse allegations made in this family? (please tick)	Yes	No
If 'Yes', please give details		
15. Is your family known to Children's Services (Social Services)?	Yes	No
If 'Yes', please give details		
Name of Social/Family Support Worker:		
16. Is (are) the child(ren) subject to a Child Protection Plan?	Yes	No
17. Has any person who will be involved in the contact ever been convicted of an offence against a child(ren)? (please tick)	Yes	No
If 'Yes', please give details		
18. Please give details of any undertakings, injunctions, restraining orders or convictions relating to violence or harassment involving either party, their respective families or the children.		
19. Do any of the children have specific needs or medical requirements? (please tick)	Yes	No
If 'Yes', please give details		



20. Do any of the adults involved suffer from long-term physical and/or mental illness or a disability? (please tick)		Yes	No
If 'Yes', please give details			
21. Do any of the adults involved have a drug or alcohol habit/dependency? (please tick)		Yes	No
If 'Yes', please give details			
22. What is ethnic background of the child(ren)?			
23. What language is spoken at home?			
24. Is an interpreter required? (please tick) NB It will be the responsibility of the family to organise this.		Yes	No
25. Has this family ever used another Child Contact Centre? (please tick)		Yes	No
If 'Yes', please give details			
26. Additional background information (please use a separate sheet if necessary)			
27. If you are not a parent of the child(ren) have you informed both parents of your intention to seek contact? (please tick)		Yes	No
If No, please give details:			
Print Name:			
Signature:		Date:	
Please return this form with the Administration Fee to the co-ordinator at the address on the top of page 1			

