

# REFERRAL FORM

**Which service do you require?**

Supervised contact    £75.00 per hour

Supported contact    £45.00 per hour

Handover contact    £20.00 each way


**Which centre do you wish to attend?**

Leeds (mid week or alt Saturdays only)

Bradford (alt Saturdays only)

Wakefield (alt Saturdays only)


Frequency required (circle as appropriate)
Please state parties preferred availability to attend (circle as appropriate)

Weekly	Fortnightly	Monthly	Other
Tuesday Leeds only	Wednesday Leeds only	Thursday Leeds only	..... Saturday

**Referral fee of £100 enclosed** (a date and time for the first appointment will be given only on receipt of this form and referral fee)

**1. Parties**

	Resident Party	Contact Party
Name		
Gender	M/F	M/F
Address (must be completed)		
Telephone Number		
Email address		
Preferred method of contact		
Solicitor details (name, firm, address, contact telephone number and email)		

2. **Children**

Name	Gender	Date of birth	Name of carer
	M/F		
	M/F		
	M/F		
	M/F		
	M/F		

<b>Is this referral ordered by the Court</b> <b>(If yes, a copy of the Order must accompany the referral form)</b> <b>Please note, if a summary of contact report is required by the Court, this carries a separate charge, please contact our office for details</b>	Yes	No

3. **Referrer**

Name	
Agency and address	
Telephone Number	
Emergency Telephone Number (Saturdays only)	

4. **Languages spoken at home**

First language:	Other language:

Is an interpreter needed for contact? If yes, this must be agreed prior to contact started and agreed through an independent organisation (ie not friends or family). Please note, the cost of any interpretation service must be met by the parties	Yes	No

5. **Does the child/ren, young person/s speak English?**

Not at all  Too Young  With difficulty  Fluently

6. **Does the child/ren, young person/s have a medical condition or disability that we need to be aware of?**

Yes

No

If yes, please give details

7. **Does the child/ren, young person/s have a learning/behavioural disorder?**

Yes	<input type="checkbox"/>	If yes, please give details
No	<input type="checkbox"/>	

8. **Does the party seeking contact have a medical condition or disability (including a learning difficulty) that we need to be aware of?**

Yes	<input type="checkbox"/>	If yes, please give details
No	<input type="checkbox"/>	

9. **Why does the contact need to be supervised?** (This section must be completed. Please give details, eg concerns of abuse, history of substance misuse/violence, no contact for some time. Include any prior convictions/cautions committed by either party)

10. **What is the purpose/plan of supervised contact?** (Please give as much information as possible to avoid delay)

11. **Is there, or has there been, any other agencies involved, eg Social Services/CAFCAS/Domestic Violence programme** (If yes, please attach any reports completed or contact details for other professionals involved)

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12. **Has contact previously taken place at any other contact centre, and why was it stopped?**

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13. **We hereby undertake that we have answered the above questions to the best of our knowledge. We understand that all information provided to Families Forward will be used for the sole purpose of the facilitation of contact.**

**Referrer**

Signed:	Date:
Status:	

**Parties**

<b>Resident Party</b>	<b>Contact Party</b>
Signed:	Signed:
Date:	Date:

- Withdrawal of a referral at any time must be notified to Families Forward immediately
- If reports (other than observations sheets) are required, this must be agreed prior to the start of contact and will not be provided until payment arrangements are in place.

Please return referral form to:  
**Families Forward**  
**Oaktree House, 408 Oakwood Lane, Leeds LS8 3LG**  
**Telephone 0113 235 9322**  
**Fax 0113 240 1209**  
**Email [info@familiesforward.org.uk](mailto:info@familiesforward.org.uk)**  
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