

Apr-22



.1.

ACCREDITED MEMBERS of

National Association  
of Child Contact Centres

**SHROPSHIRE CHILD CONTACT CENTRES**

are

**SUPPORTED CHILD CONTACT CENTRES  
and cannot facilitate Supervised visits**

Please photocopy and use as required

**CHILD CONTACT CENTRE**

Contact cannot commence until this form has been completed in full and received and visits confirmed by the Contact Centres Manager.

**All information will be treated in the strictest confidence.**

Please read the 'Guidelines for Referrers' before completing this form.

**Do not send families to the Centre until appointment confirmed.**

**REFERRAL FORM**

**YEARLY FEE £50**

REF:

INVOICE

Referral received

Date of first contact

Contact ended .....

PRE-VISIT

Parent & Children

Non-Res-Parent

<b>1. Referrer :</b>	Name:	Position:	Solicitor
Address:		As below	
Telephone no:		email:	
<b>2. Adult with whom child(ren) reside:</b>	Name:	Relationship to child(ren):	
Address:			
Tel no:		e.mail	
<b>Solicitor's name and practice:</b>			
Address:			
Telephone no:		email	
<b>3. Person requesting contact:</b>	Name:	Relationship to child	
Address:			
Tel no:		email	
<b>Solicitor's name and practice: or Other Agency</b>			
Address:			
Telephone no:		email:	
<b>4. Name(s) of child(ren):</b>		Date of Birth	Boy=B Girl=G
<b>5. Has there been/ is there a CAFCASS Officer?</b>		<b>YES</b>	
Name:			
Address:			
Telephone no:		email	
<b>6. When and where did contact last take place?</b>			