



REGISTRATION FORM - CONTACT SUPERVISOR / VENUE

SECTION 1 PART A - FAMILY DETAILS:

Parents / Carers Forename/s:		Surname:	
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Address:		Postcode:	
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Mobile Tel:		Home Tel:		Work Tel:	
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Email Address:	1		2	
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Age of Parent / Carer	
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Children's Name/s:					
1.		Sex:		DoB:	
2.		Sex:		DoB:	
3.		Sex:		DoB:	
4.		Sex:		DoB:	
5.		Sex:		DoB:	
6.		Sex:		DoB:	

SECTION 1 PART B - SOCIAL WORKERS DETAILS:

Forename/s:		Surname:	
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Area Office:		Address:	
		Postcode:	

Mobile Tel:		Mobile Tel:	
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Email Address:	1		2	
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SECTION 1 PART C - NON-RESIDENT PARENTS DETAILS:

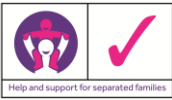
Full Name/s:		Full Name/s:	
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Ethnicity:		Ethnicity:	
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Contact Tel:		Contact Tel:	
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Address:		Address:	
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Postcode:		Postcode:	
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Email Address:		Email Address:	
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Age of Non- Resident Parent / Carer	
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SECTION 2 PART A - VENUE/ARRANGEMENT DETAILS:

Venue Required: (Please Tick)

Own Venue:		Contact Centre:		Other:	
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If Own Venue or Other, Please Provide Details:	
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Days Required:		Frequency:	
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Times Required:		Hours Required:	
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When Will Contact Commence?		When Will Contact End?	
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What is The Estimated Length of Contact?	
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Are Any of the Children Vegetarian, On A Special Diet, Regularly Take Medication or Have Any Special Need the Centre Needs to be Aware of?	
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Who Holds Parental Responsibility for the Child/ren?	
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Are There Any Current or Outstanding Court Orders in Relation to The Child/ren?	
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Please Specify Details of Any Court Involvement That Is Current or Outstanding:	
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Please Specify Any Care Plan Proceedings:	
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Please Give Details of Any Concerns or Risks Relating to The Care of Child/ren That the Supervisor Should Be Aware of: (i.e. History of Abuse)	
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Please State Any Concerns Relating to The Parents / Other Adults Likely to Be in Attendance During the Contact - Including Potential for Aggressive / Violent / Offensive Behaviour:	
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SECTION 2 PART B - EDUCATION DETAILS:

Are Any of the Children Attending School or Nursery on a Full Time or Part Time Basis? If So, Please Give the Name of the School / Nursery and Days / Hours They Attend:	
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Days the Child/ren Attend?		Hours Total:	
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What is the Child/ren First Language?		Interpreter Required?	
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SECTION 3 PART A - EMPLOYEE REQUIREMENTS:

Is It Preferred That the Contact Supervisor Possesses Any Specific Qualities and Skills?

Is There Any Specific Training or Instruction the Supervisor Should / Must Have?

Does the Supervisor Require a Full Driver's Licence:		And Own a Vehicle:	
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Please Specify If Mileage Allowance is Applicable for Contacts:

Please Specify If a Parking Allowance is Applicable for Contacts:

SECTION 4 PART A - REPORTS, HEALTH AND INFORMATION:

Are There Any Health Issues to Be Aware of or Other Details Relevant to The Contact? (Please Include All Relevant Information That Maybe Beneficial for Contact Sessions)

During Contacts Can Parents Brings Presents for The Child/ren and / Or Other Items that the Child/ren May Wish? And Can These Be Passed on to The Child/ren? (i.e. Letters, Cards, Phone Numbers, Sweets etc) Please Specify in Detail Below:

Please Specify What Should Be / Would Like to Be Included in the Contact Report Form: (Please note that reports are not supplied to private clients but can be released upon request by the court for assessment purposes)

Where Did the Last Contact Take Place? If Applicable:

When Did This Contact Take Place? If Applicable:

Why Did the Contact Breakdown? If Applicable, Please Specify Details Below:

Has the Family Ever Used a Contact Centre Before?

If So, Where and When Was This?

How Long Was the Contact Used for?

Is There Involvement with Any Other Organisation? If So, Who?



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Please Give Details of Any Other Relevant Information That You Feel May Be of Useful During / Before or After a Contact: Including Any Proposals for Contact in The Future:

How Did You Hear About Children's Contact Services? Please Specify:

Please Sign, Print Name, Date, and Return This Form to a Member of Staff: (By Signing This Form and Declaration You Are Agreeing to and That You Have Read Children's Contact Services Ltd Terms of Conditions and Terms of Business and Privacy Policy Statement and That a Copy Has Been Made Available for Your Reference)

**I/We Have Read and Understood Children's Contact Services Ltd Terms of Condition and Business:
I/We Have Read and Understood Children's Contact Services Ltd Privacy Policy Statement:**

Full Name/s:

Full Name/s:

Signature:

Signature:

Date:

Date: