|  |
| --- |
| ***SECTION 1 PART A – DETAILS ON WHERE AND WHO THE CHILD LIVES WITH:*** |
|  |
| **Who do the child/ren live with Forename/s:**  |   | **Surname:** |       |
|  |
| **Address:** |   | **Postcode:** |       |
|
|
|
|  |
| **Mobile Tel:** |       | **Home Tel:** |       | **Work Tel:** |       |
|  |
| **Email Address:** | **1** |       | **2** |       |
|  |  |  |  |  |
| **Who’s details are these Parent Or Carer’s ?** |       |
|  |
| **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 AND MANAGERS DETAILS:*** |
|  |
| **Forename/s:** |       | **Surname:** |       |
|  |
| **Area Office:** |       | **Address:** |       |
| **Postcode:** |       |
|  |
| **Mobile Tel:** |       | **Mobile Tel:** |       |
|  |
| **Email Address:** | **1** |       | **2** |       |
|  |
| ***SECTION 1 PART C – NON-RESIDENT PARENT/S DETAILS:*** |
|  |
| **Full Name/s:** |       |  | **Full Name/s:** |       |
|  |
| **Ethnicity:** |       |  | **Ethnicity:** |       |
|  |
| **Contact Tel:** |       |  | **Contact Tel:** |       |
|  |
| **Address:** |       |  | **Address:** |       |
|  |
|  |
|  |
| **Postcode:** |       |  | **Postcode:** |       |
|  |
| **Email Address:** |   |  | **Email Address:** |   |
|  |
| **Age of Non- Resident Parent / Carer** |  |
|  |
| ***SECTION 2 PART A – VENUE/ARRANGEMENT DETAILS:*** |
|  |
| **Venue Required:** *(Please Tick)* |
| **Own Venue:** |   | **BRISTOL Contact Centre:**  |   | **Other:** |   |
|  |
| **If Own Venue or Other, Please Provide Details:** |       |
|  |
| **Days Required:** |       | **Frequency: Please state; Weekly, fortnightly etc.** |       |
|  |
| **Times Required:** |       | **Number of hours Required:** |       |
|  |
| **What date do you want Contact to start?** |       | **What date is Contact likely to end?** |       |
|  |
| **What is The Estimated Length of the required Contact? 1, 2 or 3 hrs etc?** |       |
|  |
| **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?** |
|       |
|  |
| **Who Holds Parental Responsibility for the Child/ren?** |       |
|  |
| **Are There Any Current or Outstanding Court Orders in Relation to The Child/ren?**  |  |
|  |  |
| **Please Specify Details of Any Court Involvement That Is Current or Outstanding:** |
|       |
|  |
| **Please Specify Any Care Plan Proceedings:** |
|  |
| **\*Please Give Details of Any Current or Historic Concerns or Risks Relating to The Care of Child/ren That the Supervisor Should Be Aware of: *(i.e. History of Alleged Abuse) \* Please Note: The Referral will Be Rejected If This Section Is Incomplete.*** |
|       |
|  |
| **Please State Any Concerns Current or Historic Relating to The Parents / Other Adults Likely to Be in Attendance During the Contact – Including Potential for Aggressive / Violent / Offensive Behaviour:**  |
|       |
|  |
| ***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:** |
|       |
|  |
| **Days the Child/ren Attend?**  |       |  | **Hours Total:** |       |
|  |
| **What is the Child/ren First Language?**  |       | **Interpreter Required?**  |  |
|  |
| ***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:** |  |
|  |
| **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 supplied to private clients only upon request and via secure email as stated in our Terms and Conditions)*** |
|  |
|  |
| **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?** |       |
|  |
| **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:** | Click or tap to enter a date. |  | **Date:** | Click or tap to enter a date. |
|  |