

Referral Form

About the Person Completing this Form

Name			
Telephone number		Email address	
Address including postcode			

Relationship to the Family?

About the Child(ren) Requiring Family Time

	Name	Date of Birth	Age	Gender
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

Do any of the children named above have any Disabilities, Health, or Additional Support Needs? (Please also list Allergies Here)	Yes ☐	No ☐
Comment		

Please use this space to tell us about previous Family Time and why this ended?

Date of last visit	Comment

How does the child(ren) feel about Family Time and what work has happened to prepare them?

Children's Feelings, Views Wishes and Preferences	Work Completed to prepare children for Family Time sessions

Names of people the children live with?

Telephone number

Email address

Address including postcode

Do these people have Parental?

Yes

☐

No

☐

Comment

Relationship to the Children?

(Mother, Father, Brother, Sister, Aunt, Uncle, etc)

--

How does this person feel about using a Family Time service?

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How does the child(ren) feel about Family Time and what work has happened to prepare them?

Children's Feelings, Views Wishes and Preferences	Work Completed to prepare children for Family Time sessions

About the Adult Requiring Family Time

Name			
Telephone number		Email address	
Address including postcode			

How is the adult related to the child? (Mother, Father, Sibling, Aunt, uncle, Grandparent, etc)

Does this Person have Parental Responsibility?	Yes ☐	No ☐
Comment		

Does this Person have any Disabilities, Health, or Additional Support Needs?	Yes ☐	No ☐
Comment		

How does this adult feel about using the service for Family Time?

Court Proceedings

Has the Court Ordered this Family Time?	Yes	No
	☐	☐
Comment (If yes, please detail the nature of the order, as well as the date it was made and the Court who wrote this)		

Type of Order	Yes	No	Date Order Made	Comment
Child Arrangements Order	☐	☐		
A Child Arrangements Order may determine where a child will live and with whom, and whether, how and when they will spend time with a parent or people including relatives other than those they normally live with.				
Prohibited Steps Order	☐	☐		
A Prohibited Steps Order (PSO) is an order that forbids someone from exercising PR in a particular manner. Some of the more common examples of PSOs include forbidding a parent from: • removing the child from the UK; • changing the child's name; or • changing the child's school.				
Specific Issues Order	☐	☐		
A Specific Issue Order (SIO) is an order made by the Family Court where a dispute arises about a question of how PR is exercised.				
Non-Molestation Order	☐	☐		
A non-molestation order is typically issued to prohibit a person from using or threatening physical violence, intimidating, harassing, pestering, or communicating with the victim of these actions. An order could prevent the abuser coming within a certain distance of a person, or address. It could also include children in certain circumstances. An order will also prevent an abuser from instructing or encouraging others to do any of those actions.				
Any Other Order				
Name:				

Are there any ongoing Court Proceedings in the Family Court?

Yes

No

☐
☐

Comment

(If yes, please detail the nature of the order, as well as the date it was made and the Court who wrote this)

Is it possible that any of the parties might initiate new Proceedings in the Family Court?

Yes

No

☐
☐

Comment

(If yes, please detail the nature of the order, as well as the date it was made and the Court who wrote this)

Details of any other professionals working with the family

Name			
Organisation			
Telephone number		Email address	
Nature of Involvement			

Name			
Organisation			
Telephone number		Email address	
Nature of Involvement			

Name			
Organisation			
Telephone number		Email address	
Nature of Involvement			

About the Service Required

Please read the following before completing the table below.

Supported Family Time

Supported Family Time helps to keep children in touch with parents if trust has broken down or communication is difficult. Parents do not have to meet, and several families use the facilities at the same time.

This is a form of Family Time where the level of risk is assessed to be lower than might be the case for supervised Family Time. It is also used to progress from supervised Family Time.

In supported Family Time, direct observations are not made, and reports are not written. Staff or volunteers will be present to ensure the comfort of those engaging in the service.

Supervised Family Time

Is there a potential risk of harm? The centre ensures the physical safety and emotional well-being of children in a one-to-one observed setting.

This form of Family Time is provided where it is assessed that there might be a higher risk or greater complexity in a family's circumstance. These sessions will be supervised by staff who are experienced in this role.

Observations will be made, and reports will be written. It is generally expected that staff will remain within sight and sound of children at all times.

If you require supervised Family Time, we are not the correct service. Please visit <https://nacccc.org.uk/find-a-centre/> to find the correct service to meet your needs.

	Tick As Appropriate	Comments
Supported Family Time	☐	
Virtual Family Time	☐	

Why the Service is Needed

Nature of Concern	Risk			Risk Level		
	Yes	No	Allegations	High	Low	None
	Tick appropriate option			Tick appropriate option		
Physical Abuse	☐	☐	☐	☐	☐	☐
Sexual Abuse	☐	☐	☐	☐	☐	☐
Neglect	☐	☐	☐	☐	☐	☐
Emotional Abuse	☐	☐	☐	☐	☐	☐
Domestic Abuse	☐	☐	☐	☐	☐	☐
Drug Misuse	☐	☐	☐	☐	☐	☐
Alcohol Misuse	☐	☐	☐	☐	☐	☐
Abduction	☐	☐	☐	☐	☐	☐
Conflict	☐	☐	☐	☐	☐	☐
Mental Health	☐	☐	☐	☐	☐	☐
Culture / Religion	☐	☐	☐	☐	☐	☐
Finance	☐	☐	☐	☐	☐	☐
Learning Difficulties	☐	☐	☐	☐	☐	☐
Parenting Capacity	☐	☐	☐	☐	☐	☐
Physical Impairments	☐	☐	☐	☐	☐	☐
Wider Family	☐	☐	☐	☐	☐	☐
Current Crime	☐	☐	☐	☐	☐	☐
Convictions	☐	☐	☐	☐	☐	☐
Pets	☐	☐	☐	☐	☐	☐
Please provide information about any other risks in the space below.						
Other						

If you have ticked yes to any of the above, please provide additional information

Family Time is usually a short-term steppingstone. Please provide your perception of how and / or when this family might be ready to move on from the service

Is an interpreter required for this family?

Yes

No

☐
☐

Languages Spoken

As the referrer we will be asking you to organise the interpreter. This must be a reputable professional.

Please sign below to confirm the following

1. Both parties are aware of and in agreement with the referral.
2. The information included in this referral is accurate and truthful.

Name:

Signature:

Date of referral: