



YMCA BOURNEMOUTH Child Contact Centres

Application for Child Contact

Guidelines for Referrer

1. YMCA Bournemouth Child Contact Centre facilitates Supervised, Supported and Handover contact Monday-Sunday between 10am and 7pm.
2. The application form will only be processed on receipt of an admin fee; the form being fully completed and following subsequent risk assessment checks. Please include availability and contact telephone numbers of all parties so that staff can process the referral as quickly as possible.
3. It is the responsibility of the referring agent (where applicable) to ensure both named parties are aware of the contents and processes concerned with the application of this form and that it is fully completed with signatures obtained from both parties or their representatives.
4. It is the responsibility of the referring agent to ensure payment matters have been discussed and agreed prior to requesting any contact sessions be it Supervised, Supported or Handover. Any payments are to be paid in full prior to any contact sessions taking place except where the Local Authority or CAFCASS are responsible for payment. In these cases, the agency will be invoiced and payment will be expected within 30 days of invoicing.
5. Space at the Centre may be limited and at times we may have to operate a waiting list. Please contact the Child Contact Centre Coordinator or Manager at least **four weeks** before the proposed first visit to enquire whether the family can be accommodated. At least 20 working days is required to process a complete application after receipt of fees.
6. We will be pleased to confirm dates and times of attendance, but we cannot give written reports other than the factual notes provided in Supervised contact sessions (which were previously booked).
7. Please inform the Child Contact Centre Coordinator or Manager if any changes to the information contained on this form become necessary (eg revised Court Order).
8. Please inform the Child Contact Centre Coordinator of any changes in contact details, background information, changes in contact times or if the family no longer wishes to use the Centre.
9. Please ask the Child Contact Centre Coordinator or Manager if you would like a copy of our policies and procedures.

Thank you for your co-operation.

Please retain these guidelines for your information

Please Note Charges: One off referral fee (per family, regardless of type of contact) - £50 +vat (non-refundable), Mandatory pre-contact visit - £35 + vat per visit, Supervised Contact - £55 per hour (tax exempt), Group Supported Contact - £20 per hour +vat (£5 per additional child), Individual Supported Contact – £45 per hour +vat, Handover Contact per family - £25 +vat, Report for Court - £125 +vat, Court Attendance – £250 per half day (tax exempt plus expenses).

Date received	Date pending	Date entered on stats	Date closed
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**YMCA Bournemouth Child Contact Centre
Application for Child Contact**

Supported <input type="checkbox"/>	Supervised <input type="checkbox"/>	Handover <input type="checkbox"/>
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Please ensure all details on this form are completed correctly and accurately.

Adult with whom child resides: Is this information to be disclosed? Y / N Name (Mr/Mrs/Miss/Ms) Please Specify Address..... Post Code..... Telephone No Mobile No..... (Emergency No) Relationship to child/ren..... Ethnicity.....	Adult who has contact Is this information to be disclosed? Y / N Name: (Mr/Mrs/Miss/Ms) Please Specify Address..... Post Code..... Telephone No Mobile No..... (Emergency No) Relationship to child/ren..... Ethnicity.....
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Child/ren's Full Names	Date(s) of Birth	Boy/Girl
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.....
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Is there a court order relating to the contact? Yes/No	Case ref No:
If 'Yes', please attach a copy.	
What other court orders have been made in relation to the child(ren) and when?	
Cafcass Officer name	Tel No:-



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Must the children stay at the Centre?	Yes/No
If no, have both parents agreed the child can be taken out of the Contact Centre?	Yes/No
Are the parents willing to meet?	Yes/No

Is the family known to Social Services?	Yes/No
If 'Yes', please give name and contact details of social worker and brief background regarding involvement.	

Do any of the children named on this referral form have an EHA? (Early Help Assessment, formerly known as Common Assessment Framework)
YES/NO
Please give registration number and Lead Professional contact details:

Referred by (Please Tick):

Social Services	<input type="checkbox"/>	Self	<input type="checkbox"/>	CAFCASS	<input type="checkbox"/>
Solicitor	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>

Please details where to invoice for costs: (referral fee, supervised, supported or handover). Please note payment of referral fee must be received in advance to process the application and all payments for contact must be paid prior to confirming any contact sessions.

Frequency of contact	weekly	fortnightly	monthly	other (please specify)
Duration of Contact	1 Hour	2 Hours	Other (please specify)	
Days and times children available for contact: (Contact can be arranged between 10am and 7pm Monday – Sunday)				
Dates and times contact parent available contact: (Contact can be arranged between 10am and 7pm Monday to Sunday)				
Names and relationships of all other people allowed to participate in contact, stating ages of any children: (must be agreed by both parents.)				
Number of visits proposed:				
Further court review dates:				



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Background Information Required to allocate Contact:

1 Length of time since the child/ren had contact?

2 When and where did contact take place? Please detail

3 Has the family ever used another Contact Centre? Yes/No

If Yes, please provide name and address of previous contact centre and relevant professional involved.

Please explain why the previous contact ended:

4 Has any child named on this referral form been included on a Child Protection Register because of the risk of abuse by any party involved in the requested contact? **Yes/No**
Please give brief details:

5 Has any adult, who will be using the Centre under the terms of this referral, been convicted of any criminal offence? **Yes/No**
Please give brief details:

6 Do both parties have parental responsibility of child/ren involved in contact? **Yes/No**

7 Has any adult to use the Centre been under investigation or is currently under investigation following allegations that a child has been abused? **Yes/No**
Please give brief details:

8 Has any court found on the balance of probabilities, that an adult to use the Centre has abused a child? **Yes/No**
Please give brief details:

9 Are there or have there been any issues of Domestic Violence between the parties? **Yes/No**

If yes, are there current injunctions in force? **Yes/No**
Please give details:



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- 10 Please give details of any allegations, undertakings, injunctions or convictions relating to violence involving either party, their respective families or the children.
- 11 Is there any fear that the child/ren might be abducted? **Yes/No**
Please provide details:
- 12 Are there procedures in place for holding passports, etc (please circle) **Yes No**
- 13 Are there any relevant mental health issues within the immediate family? **Yes/No**
Please provide brief details:
- 14 Does anyone who is to use the Centre suffer from any disability or special needs? **Yes/No**
(including the child)
Please provide relevant information and details of what support they may require:
- 15 Are there any known allergies or special dietary requirements of any person named on the referral form? **Yes/No**
If yes, please provide full details
- 16 Does the child have any known behaviour issues or learning disabilities? **Yes/No**
If yes please provide full details
- 17 Are there any issues related to alcohol or substance misuse? **Yes/No**
Please give brief history:



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18 Is English the first language of the family? **Yes/No**
If no, state first language and confirm an interpreter has been arranged. Please give contact details of interpreter (name, organisation and telephone number)

19 All parties agree to abide by and sign the Centre's Conditions of Use **Yes/No**
This is a necessity for contact to be arranged

20 Are gifts allowed to be given to the child/ren during contact sessions? **Yes/No**
Please give details:

21 Additional background, information or other helpful information regarding contact (Please use separate sheet if necessary) ie any known risk posed, access to weapons, criminal history not already disclosed above etc

Please Provide full details of known agencies involved with the family

Agency and Contact Name	Telephone number and/or email address



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By signing this form, I hereby give consent for the above named agencies (and those mentioned in the referral form) to be contacted by the Child Contact Centre Coordinator or Child Contact Centre Manager to complete comprehensive risk assessment prior to contact arrangements being confirmed.

<p>Solicitor of resident adult Name (Mr/Mrs/Miss/Ms) Please Specify Firm Post Code E-Mail..... Telephone No</p>	<p>Solicitor of contact adult Name (Mr/Mrs/Miss/Ms) Please Specify Firm Post Code..... E-Mail..... Telephone No</p>
<p>Solicitors and/or parents to sign below, the referral will not be accepted without a signature</p>	
<p>I have consulted with my client and believe the above information to be correct.</p> <p>Signed: _____ Date: _____ Print: _____</p>	<p>I have consulted with my client and believe the above information to be correct.</p> <p>Signed: _____ Date: _____ Print: _____</p>
<p>I have read the referral form and believe the above information to be correct. I understand that failure to disclose information requested may result in contact being refused.</p> <p>Resident parent to sign</p> <p>Signed: _____ Date: _____ Print: _____</p>	<p>I have read the referral form and believe the above information to be correct. I understand that failure to disclose information requested may result in contact being refused.</p> <p>Contact parent to sign</p> <p>Signed: _____ Date: _____ Print: _____</p>



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Please return to: YMCA Bournemouth Child Contact Centre

108 Stourvale Road

Southbourne

Bournemouth

BH6 5JB

Or Via Secure email: ccc@ymcabournemouth.org.uk

PLEASE NOTE THAT PAYMENTS FOR CONTACT SESSIONS AND PRE-VISITS MUST BE PAID AT LEAST 7 WORKING DAYS PRIOR TO THE PRE-VISIT ARRANGED OR ALL CONTACT DATES WILL BE CANCELLED.

Office use only	
Referral received	
Date of Pre-visit	
Date of first contact	
Dates Reviewed	
Contact ended	
Referral Rejected	
Referral Accepted	
No Show	



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