

THE ROBERTS CENTRE CRASSWELL STREET

Application for Child Contact

Guidelines for Referrers

1. The Roberts Centre Child Contact Centre facilitates Supervised and Observed contacts between Wednesday – Saturday and facilitates Supported Contact every Saturday.
2. The application form will only be processed on receipt of referral fee and if fully completed. Please include availability of all parties and contact telephone numbers of all parties so that staff are able to process the referral as quickly as possible.
3. It is the responsibility of the referring agent 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 representatives of.
4. It is the responsibility of the referring agent to ensure payment matters have been discussed and agreed prior to requesting any supervised or observed supervised contact sessions. Once a fully completed and signed referral has been received together with the referral fee, please note that the referral fee is **non-refundable**. Any payments are to be paid in full prior to any contact sessions taking place.
5. Space at the Centre may be limited and at times we may have to operate a waiting list. Please contact the Administrator 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 that your clients have attended, but we cannot give written reports other than the factual notes provided in Observed contact sessions (only if Observed contact is booked).
7. Please inform the Administrator if any changes become necessary to the information contained on this form (e.g. revised Court Order).
8. Please inform the Administrator 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 Administrator if you would like a copy of our policies and procedures.

Thank you for your co-operation.

Please retain these guidelines for your information

Date received	Date pending	Date entered on stats	Date closed
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THE ROBERTS CENTRE – PORTSMOUTH VENUE
Application for Child Contact

Saturday Supported <input type="checkbox"/>	Supervised <input type="checkbox"/>	Supervised with Observation Sheet <input type="checkbox"/>	Handover <input type="checkbox"/>
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Please state where you heard about The RC Contact Centre:

Please ensure every detail of this form is completed correctly.

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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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:-

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 details.	

Do any of the children named on this referral form have CAF's? (Common Assessment Framework)	YES/NO
Please give 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 detail who to invoice for costs: (referral fee, supervised, observed or mid-week handover). **Please note payment must be received in advance for contact to be arranged.**

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 (please note that supervised/observed is normally only available Wed- Fri 8am – 6.30pm. Saturdays 10am – 5pm)				
Dates and times contact parent available contact (please note that supervised/observed is normally only available Wed- Fri 8am – 6.30pm. Saturdays 10am – 5pm)				
Names and relationships of all other people allowed to participate in contact, stating ages of any children (must be agreed by both parents.)				
No of visits proposed				
Further court review dates				

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 Please give details
- 4 Has any child named on this referral form (or any other) been included on a Child Protection Register because of the risk of abuse by any party? **Yes/No**
Please detail:
- 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 detail:
- 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 detail:
- 8 Has any court found on the balance of probabilities, that an adult to use the Centre has abused a child? **Yes/No**
Please detail:
- 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 detail:
- 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? <i>Please detail:</i>	Yes/No
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? <i>Please detail:</i>	Yes/No
14	Does anyone who is to use the Centre suffer from any disability or special needs? <i>Please detail:</i>	Yes/No
15	Are there any issues related to alcohol or substance misuse? <i>Please detail:</i>	Yes/No
16	Is English the first language of the family? <i>If no, state first language and confirm an interpreter has been arranged. Please give contact details of interpreter (name, organisation and telephone number)</i>	Yes/No
17	All parties agree to abide by and sign the Centre's Conditions of Use <i>This is a necessity for contact to be arranged</i>	Yes/No
18	Are gifts allowed to be given to the child/ren during contact sessions? <i>Please detail:</i>	Yes/No
19	Additional background, information or other helpful information regarding contact (Please use separate sheet if necessary)	

<p>Solicitor of resident adult Name (Mr/Mrs/Miss/Ms) Please Specify</p> <p>.....</p> <p>Firm</p> <p>.....</p> <p>Post Code</p> <p>E-Mail.....</p> <p>Telephone No</p>	<p>Solicitor of contact adult Name (Mr/Mrs/Miss/Ms) Please Specify</p> <p>.....</p> <p>Firm</p> <p>.....</p> <p>Post Code.....</p> <p>E-Mail.....</p> <p>Telephone No</p>
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Solicitors and/or parents to sign below

<p>I have consulted with my client and believe the above information to be correct.</p> <p>Signed: _____ Date: _____</p> <p>Print:: _____</p>	<p>I have consulted with my client and believe the above information to be correct.</p> <p>Signed: _____ Date: _____</p> <p>Print: _____</p>
<p>I have read the referral form and believe the above information to be correct.</p> <p>Resident parent to sign</p> <p>Signed: _____ Date: _____</p> <p>Print: _____</p>	<p>I have read the referral form and believe the above information to be correct.</p> <p>Contact parent to sign</p> <p>Signed: _____ Date: _____</p> <p>Print: _____</p>

Please return to: The Roberts Centre Child Contact Service
The EC Roberts Centre
84 Crasswell Street
Portsmouth PO1 1HT
Tel: 023 9229 6919

PLEASE NOTE THAT PAYMENTS FOR SUPERVISED/OBSERVED SUPERVISED CONTACT SESSIONS AND PRE-VISITS MUST BE PAID FOR 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	

Privacy Notice - How information about you will be used by The Roberts Centre

This privacy notice explains how The Roberts Centre will use your personal information and the ways in which we will protect your privacy.

The Roberts Centre collects personal information about you which is necessary to provide you with a Child Contact service. This may include information about your children or other members of your family.

This notice applies to all personal information collected by The Roberts Centre. Information may be collected in writing, by letter, by e-mail, face to face, by telephone or online. It will include information supplied by you and referral information supplied by other agencies who are working with you, such as your solicitor, CAFCASS, the courts or local authority.

Personal information we hold about you might include (where applicable) the names, addresses, dates of birth and contact details of you and your children, information about your family history, physical or mental health, drug or alcohol use, race or ethnicity, disability, criminal record or proceedings.

The Roberts Centre keeps records of your personal information in order to provide you with a child contact service. To comply with the law, we will only process information which:

- You have given us consent to process in order to provide you with this service;
- Is necessary for the contract we have with you to provide this service.

We will keep information about you safely and in accordance with the law.

We will delete all personal information which is held electronically (that is, on our computer system) within 10 days of closing your case, excluding statistical data needed for reporting purposes, which will be deleted after one year.. Paper records are stored safely and destroyed after 1 years, unless there is any child protection information, which we are legally obliged to keep for 21 years.

Sharing Information

The Roberts Centre provides a confidential service. This means we will keep information about you safely and only share it if:

- You tell us we can share information about you with another organisation;
- We need to share information about you for one of the following reasons:
 - We believe that you are at risk of serious harm;
 - There is a risk to children;
 - There is a risk that you may harm others;

- We have a legal duty to disclose information to the police or the courts in relation to a crime or legal proceedings.

Permission to share information

We can share information about you with other organisations **if you give us permission to do so**. For example, we may talk to your solicitor, CAFCASS officer or social worker about issues relating to your child contact.

Are you willing to give us permission to share information about you with (please circle):

Name of organisation	Do you give permission?
Your solicitor	Yes/ No/ Not applicable
CAFCASS	Yes/ No/ Not applicable
Social Services	Yes/ No/ Not applicable
Other e.g. family, another service	Please write the names of who:

How we communicate with you

We will contact you to make or confirm appointments or to give you information about your child contact. We may make contact in person, by letter, e-mail, telephone, SMS or an App. Please tick the relevant boxes below if you agree to being contacted in this way:

Method of contact	Please tick
Visit	
Post	
E-mail	
Telephone - landline	
Telephone - mobile	
SMS	
App	

Your rights

The General Data Protection Regulations 2018 are a law which all organisations must comply with to protect the privacy of individual's personal data. It provides the following rights for individuals:

1. The right to be informed (this means we need to tell you how we use your personal data);
2. The right of access (this means you can ask to see the personal data we hold about you);
3. The right to rectification (this means you have the right to have any inaccurate or incomplete personal data corrected);
4. The right to erase (this means we must delete your personal data when we no longer have a reason to keep it);
5. The right to restrict processing (this means you can block the processing of your personal data when an organisation does not have a legal reason to process your personal data);
6. The right to data portability (this allows individuals to obtain and reuse their personal data for their own purposes across different services, for example when using price comparison websites. The Roberts Centre does not use this type of automated processing);
7. The right to object (this means you can object to the use of your personal data in some circumstances, such as direct marketing. The Roberts Centre never gives your personal data to other organisations for marketing purposes);
8. Rights in relation to automated decision making and profiling (this is when organisations make automated decisions which do not involve a human being. The Roberts Centre does not use automated decision making or profiling).

Questions or complaints

We understand that the information in this Privacy Notice is complicated and may be difficult to understand. If you have any further questions or you would like any further information about how your information is used, you can talk to your Child Contact worker or contact one of the manager's listed below.

If you would like any further information about how your information is used or you have a complaint about the way your personal information has been managed by The Roberts Centre or its staff, you can contact the Data Controller:

The Family Services Manager
24 Gamble Road, Portsmouth PO2 7BN
Telephone: 023 9273 0053

For more information about our Data Protection Policy, you can also contact our Data Protection Officer:

The Chief Executive
84 Crasswell Street, Portsmouth PO1 1HT
Telephone: 023 9229 6919

For independent advice and information you can contact the Information Commissioners Office (ICO) via their website <https://ico.org.uk/> or by phoning 0303 123 1113.

Your declaration

I understand the following:

The Roberts Centre holds personal information about me and my family for the purpose of providing me with a child contact service. Some of this information will have been provided by me and some may have been provided by other referral organisations, such as my solicitor, CAFCASS or the courts.

I give my consent to The Roberts Centre processing my personal information for the purpose of providing me with a child contact service. I understand that I can withdraw my consent at any time but if I withhold my consent, The Roberts Centre will not be able to provide me with a child contact service.

The Roberts Centre may share my personal information without my permission only in the following circumstances:

- They believe that I am at risk of serious harm;
- There is a risk to children;
- There is a risk that I may harm others;
- When there is legal duty to disclose information to the police or the courts in relation to a crime or legal proceedings.

The Roberts Centre has my permission to share my information with the organisations I have circled on page 2 above, as part of providing me with a child contact service.

The Roberts Centre may communicate with me in the ways I have ticked on page 2 above.

My rights and how I can obtain further information or make a complaint have been explained to me.

Signature

.....Date.....

Name