

**NORFOLK FAMILY CONTACT CENTRES**  
**County Referral Form**

<b>Resident Adult</b> <b>Name:</b> <b>Relationship:</b> <b>Address:</b>  <b>Tel No:</b>	<b>Contact Adult</b> <b>Name:</b> <b>Relationship:</b> <b>Address:</b>  <b>Tel No:</b>		
<b>If either party prefers not to divulge their address, please provide on a separate sheet</b>			
<b>Do parties have a solicitor?</b> (please tick)  <b>Resident adult only</b> <b>Contact adult only</b> <b>Both adults</b> <b>No solicitor involved</b>			
<b>Children Names:</b>	<b>D.O.B</b>	<b>M/F</b>	<b>Special Needs</b>
1.			Specify any needs that may affect the Centre or Contact:      Continue on separate sheet if necessary.
2.			
3.			
4.			
5.			
6.			

Tick Preferred Choice of Centre	Contact Details
<u>Kings Lynn Child Contact Centre</u> <input type="checkbox"/> North Lynn Discovery Centre, Columbia Way, Kings Lynn PE30 2LA. Tel: 07805 466916	Proposed Start Date: ..... Frequency of Visit: ..... Times of Contact: ..... Children's escort to/from centre: .....
<u>Great Yarmouth Family Contact Centre</u> <input type="checkbox"/> The Shrublands Centre, Magdalen Way, Gorleston, Great Yarmouth, NR31 7BP Tel: 01603 621702 (Tuesday - Thursday 9am - 5pm, Friday 9am - 4pm)	Contact restricted to the Centre?      Yes No Agreed Family Visitors:.....
<u>Norwich Family Contact Centre</u> <input type="checkbox"/> St Thomas Hall, St Thomas Church, Earlham Road, Norwich, NR2 3RL Tel: 01603 488713	Does the Contact Person have permission to take Photographs      Yes No ..... <b>Referral fee of £35 enclosed?      Yes No</b> <b>Made payable to chosen Contact Centre</b>
<u>St. Mary's Contact Centre - Norwich</u> <input type="checkbox"/> Duke Street, Norwich, Norfolk, NR3 3AP Tel: 01603 660 610	

**If previous contact has taken place outside Norfolk please provide information.**

**Please provide further information on a separate sheet if necessary.**

**Information on Parents / Carers – Circle relevant answer**

Do Parents wish to meet?	Yes No	Mental Health / Physical Illness	Yes No
Contact by Court Order (Copy required)	Yes No	Domestic Violence	Yes No
Voluntary Agreement (Copy required)	Yes No	Substance Misuse	Yes No
Self Referral	Yes No	Relevant Injunctions/Convictions	Yes No
CAFCASS involvement	Yes No	Assistance required due to disability	Yes No
<b>Any Social Services Involvement</b>	Yes No	Interpreter Required	Yes No
ISSIS No: .....		Language? .....	
<i>Emergency No: 01603 614022</i>			
Other Agencies Involved?	Yes No		
Name of Agency: .....			

**If the answer is yes to any of the above, please supply written information.**

**Referring Agent**

Name:  
 Company:  
 Telephone No:  
 Emergency Weekend No:

**No Schedule One Visitors allowed without prior discussion & agreement.**

**Contact cannot commence until this form and supporting documentation has been fully completed and received by the Contact Centre, together with the referral fee; allowing at least 5 working days notice.**

This form is completed accurately to the best of my knowledge and it is confirmed that the meaning of 'Supported Contact' has been explained to the parties.

Signature of resident parent / carer: .....

Date: .....

Signature of contact parent / relative: .....

Date: .....

**These arrangements were agreed by the court**

Cafcass officer's name: .....

Signature: .....

Date: .....

\*Supporting Documents: Attached / To Follow (Please delete as appropriate.)