



# TQ1 Family Service



## Contact Application Form

Date Received:

**PLEASE NOTE THAT A NON REFUNDABLE FEE OF £100 IS PAYABLE WITH THIS APPLICATION. IT WILL NOT BE PROCESSED OTHERWISE. Payable by BACS or Paypal.**

Names of Children	Sex	Date of Birth

### Referrer Details:

Name:

Address:

Profession:

Tel/Email:

### Resident Parent/Carer:

Name:

Relationship to Child:

Address:

Tel/Email:

Parental Responsibility:

### Solicitor Name and Practice:

### Person Requesting Contact :

Name:

Address:

Tel/Email:

Parental Responsibility:

**Solicitors Name and Practice:**

**Cafcass/Social Workers and other Professionals involved:**

**Contact History:**

Length of time since adult requesting contact met child/ren:

Length of time since adult requesting contact lived with children:

**Contact Orders:**

What is the next Court date ?

Is there a Contact Order relating to contact. If so please enclose a copy

Who will be funding contact ?

**Contact Details:**

Frequency and length of contact:

Contact level ( supervised etc):

Can contact take place out of the centre:

Names of any others allowed to participate in contact:

**Safeguarding information:**

Are there any historic or current sexual/child abuse allegations within this family:

Has any person been convicted of an offence against a child:

Is there a risk of abduction, if so, are procedures in place (holding passports etc):

Please give details of any allegations, injunctions or convictions relating to violence in either party:

**Health and Medical:**

Do any of the children have any illness, allergy, disability, special needs or medical requirements, please give details:

Do any of the adults have any physical or mental illness or a disability, please give details:

**Additional Information:**

Is a translator required:

Previous experience of using a contact centre:

Any other information:

**GDPR- Please indicate how would prefer to be contacted-**

**Email-**

**Telephone-**

**By Post-**

**All of the above-**

**Please sign below to confirm that you have read the TQ1 Family Service Privacy policy. We cannot process the referral until this has been completed.**

**Signed**

**Dated:**

**Please send the completed application form and other information to:**

**Jo Stewart Coordinator: 07531282552**

**Email: [info@tq1familyservice.org.uk](mailto:info@tq1familyservice.org.uk)**

**Once the application form and fee are received you will be invited to attend a pre visit and risk assessment.**