

High Street, Sittingbourne, ME10 4AQ



# Sittingbourne Baptist

## Church

Tel: 01795 423196

[www.sbc-church.org.uk](http://www.sbc-church.org.uk)  
[contactcentre@sbc-church.org.uk](mailto:contactcentre@sbc-church.org.uk)

### CONTACT CENTRE Guidelines for Self Referral

1. Facilities for contact are available from 10:00-12:00 every Saturday at Sittingbourne Baptist Church. All correspondence concerning contact should be sent to the coordinator using details above.
2. The Centre cannot accommodate 'Supervised Contact' in the legal sense of the term. There is always a minimum of 4 volunteers on duty every Saturday to provide supported contact.
3. Volunteers from the Baptist Church give their time freely to make these facilities available and there is no charge for the use of the Centre. However, an admin fee of **£10** is required with the completed referral form before a start date for contact to commence will be given. ***(Cheques made payable to "Sittingbourne Baptist Church")***.
4. Space at the Centre may be limited and at times we may have to operate a waiting list. Once a start date has been given please contact the centre to confirm that both parties have accepted and will be attending on the proposed first visit to keep your given date.
5. Strict confidentiality will be maintained, we treat everyone with friendly, impartial courtesy.
6. Users of the Centre must observe the non-smoking, non-drinking policy and therefore we reserve the right to refuse admittance to clients who have been drinking, or who might otherwise cause a disturbance at the Centre. We also reserve the right to exclude a family which fails to abide by the Centre's rules.
7. Parents are responsible for the supervision and safety of the children whilst at the Centre. We are not a crèche.
8. Parents must speak to one of the volunteer helpers before taking photographs or using a video/digital camera at the Centre. The privacy of other families must be respected.
9. Written reports will only be given on specific occasions.
10. Please inform the co-ordinator if any changes become necessary to the information contained on this and the referral form (eg revised Court Order) or if the family no longer wishes to use the Centre.

**Thank you for your cooperation, we will do our best for you ..**

Name of Referrer:

Relationship :

Contact Number:

Email address:

**I have received a copy of the "Contact Centre explained" document, and agreed to the terms of the Contact Centre? Yes/no**

Signed:

Date: