

Adult with whom child resides:

Name\_

## High Street, Sittingbourne, ME10 4AQ 01795 420990



(box for office use only)

www.sbc-church.org.uk/ sittingbourne-contact-centre

contact.centre@sbc-church.org.uk

	5	0	
<u> </u>			
£10 Administ	ration fe	e paid yes/n	0

Start date:

Adult who is having contact:

## CONTACT CENTRE Referral Form

Name\_

Address Contact details Relationship to child(ren)			Address			
		0	Contact details			
		Solicitor Name Contact details				
Children's full names			Dates of birth	Boy/girl		
Dates and Terms of any Contact Order: (eg. Children must Remain in centre Building. Attach copy)						
If there is no order, have the parents agreed that the child can be taken out of the Centre? Yes/No						
Are the parents willing to meet?	res No	Maybe	If they are not willing to meet we ask the carer to bring the child/ren 10 minutes later.			
Has any child named on this for abuse of parent. Yes/no		cluded on a c	child protection "at risk" regi	ster because of		
Has any adult who will be usir criminal offence involving child	-	under the t	erms of this referral been co	onvicted of a		

Fortnightly

office hours 9am-2pm Mon, Tues, Thurs, Fri only-01795

contact.centre@sbc-church.org.uk

Monthly

420990

How frequent would contact be preferred? Weekly

Any other details which may be helpful please.

Admin Assistant: Beverley Sills

Coordinator: Julie Matson