

FAMILY TIME REFERRAL FORM

REFERRER DETAILS

Name of person making the Referral				
Relationship to Child/Children				
Address				
Email				
Contact Number				
Email for family time report to be sent				
Email recipient name				
Email for Invoicing				
Address for Invoicing				
TYPE OF FAMILY TIME REQUIRED				
Please indicate which of the following service you required:				
Please indicate which of the following ser	rvice you	required:		
Please indicate which of the following ser Supervised Family Time—Supervised at all	-	•		
	times. W	•		
Supervised Family Time– Supervised at all	times. W	ritten report of family time.		
Supervised Family Time – Supervised at all Supported Family Time – Facilitated no rep	times. Wi port. nes. Writt	ritten report of family time.		
Supervised Family Time – Supervised at all Supported Family Time – Facilitated no representation of the Hospital Family Time – Supervised at all times.	times. Wi port. nes. Writt	ritten report of family time.		
Supervised Family Time—Supervised at all Supported Family Time—Facilitated no representation of the Hospital Family Time—Supervised at all times and the Family Time Handover—Centre or agreed	times. Wiport. nes. Writt	ritten report of family time.		
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FAMILY TIME REQUIR	ED			
Frequency of family time	required			
Is frequency specified in	a court order			
If specified in court orde	r, was this agreed by all			
Duration of family time				
Start date				
End date				
COURT ORDERS				
Type of order (Residence	, family time, parental resp	onsibility	y, injun	ctions)
Please specify and provide	de a copy along with your re	eferral fo	rm.	
PREVIOUS CONVICTION	ONS			
(Please provide full detai	ils of any offences that may	impact ι	ıpon th	e contact
Name of adult to whom the conviction relates				
Nature of Conviction				
Details of Conviction				
Date of conviction				
	1			
PREVIOUS FAMILY TIN	ME			
Has family time taken place previously			Yes	No

If yes, please provide the following details in the space below					
Who was involved?					
Where did family time take place?					
Frequency of previous family time?					
When did the last family time take place?					
Why did it break down?					
Have you used a previous family centre Yes No					
If yes, name of the family centre					

NAMES OF KEY PROFESSIONALS WORKING WITH YOU				
Social Worker	Name			
	Contact Number			
	Email			
CAFCASS	Name			
	Contact Number			
	Email			
Solicitor	Name			
	Contact Number			
	Email			
Probation	Name			
	Contact Centre			
	Email			
Other				
Do you give per	mission for us to co	ntact them?	YES / NO	

CHILD/CHILDREN				
Name(s)	Age	Date of	Gender	Ethnicity
		Birth		

Who has parental						
responsibility?						
	-					
ADULT WITH WHOM TH	E CHIL	D/CHII	LDRI	EN LIVES \	WITH	
Name						
Relationship to Child/Childre	en					
Ethnicity						
Address						
Postcode						
Contact Number						
E mail						
PERSON HAVING FAMILY	TIME					
Name of person having fami	ily time					
Relationship to Child/Childre	en					
Address						
Contact Number						
Who will be responsible for	bringing	g and co	ollect	ting child(re	en) from	family time?
Details:						
Are any other adults or child	lren allo	wed	YES	/ NO		
to participate in the family t	ime ses	sions?				
Name of adults						
Relationship						
Name of child(ren)						
Relationship						
Are there any risk issues if the	ne sepa	rated	YES	/ NO		
parents (or other adults) me	et at th	e				
family centre?						

If yes, please specify the risk issues below:				

HEALTH AND MEDICAL REQUIREMENTS

Do any of the children or adults attending family time have any special needs or requirements relating to illness, impairment, allergies, and special needs or other?

Children	
Adults	
If on medication, will any	YES / NO
medication need to be taken	

Please note if you answered "yes" to the above question, you will need to complete our medication form. Staff will not be able to administer medication and this will be the responsibility of the parent/carer having supervised family time.

LANGUAGE/INTERPRETER REQUIREMENTS			
Will an interpreter be required?	YES / NO		
Language spoken:			
If yes, will you arrange Interpreter?	YES / NO		
Would you like us to arrange an interpreter? (payment will be included in overall cost of contact)	YES / NO		

RISKS OR CONCERNS

Are there any concerns or risk that we should be aware of? If yes, please provide details in the space provided below.

FAMILY TIME REQUIREMEN	
Are there any specific requireme time enjoyable for the child/child	nts that we need to be aware to make the family dren?
E.g dietary needs, activities, to	iletry needs etc
Diago om	ail tha commisted form to.
	ail the completed form to: thebrightconnections.co.uk
referralse	the ship need in the case in t
Name	
Signature	
Relationship to child/children	
Date	