



## 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	
<p><b>Please indicate which of the following service you required:</b></p> <p>Supervised Family Time– Supervised at all times. Written report of family time.</p> <p>Supported Family Time – Facilitated no report.</p> <p>Hospital Family Time – Supervised at all times. Written report of family time.</p> <p>Family Time Handover – Centre or agreed community based drop off and pick up point.</p>	
Centre based Supervised Family Time – Weekday	
Centre based Supervised Family Time – Weekend	
Supervised Family Time- Community	
Supported Family Time – Centre based only	
Hospital Handover	
General Handover	



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?

<b>Have you used a previous family centre</b>	<b>Yes</b>	<b>No</b>
<b>If yes, name of the family centre</b>		

#### **NAMES OF KEY PROFESSIONALS WORKING WITH YOU**

<b>Social Worker</b>	<b>Name</b>	
	<b>Contact Number</b>	
	<b>Email</b>	
<b>CAFCASS</b>	<b>Name</b>	
	<b>Contact Number</b>	
	<b>Email</b>	
<b>Solicitor</b>	<b>Name</b>	
	<b>Contact Number</b>	
	<b>Email</b>	
<b>Probation</b>	<b>Name</b>	
	<b>Contact Centre</b>	
	<b>Email</b>	
<b>Other</b>		
<b>Do you give permission for us to contact them?</b>		<b>YES / NO</b>

#### **CHILD/CHILDREN**

<b>Name(s)</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Ethnicity</b>

<b>Who has parental responsibility?</b>				

#### **ADULT WITH WHOM THE CHILD/CHILDREN LIVES WITH**

<b>Name</b>	
<b>Relationship to Child/Children</b>	
<b>Ethnicity</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact Number</b>	
<b>E mail</b>	

#### **PERSON HAVING FAMILY TIME**

<b>Name of person having family time</b>	
<b>Relationship to Child/Children</b>	
<b>Address</b>	
<b>Contact Number</b>	

**Who will be responsible for bringing and collecting child(ren) from family time?**

**Details:**

<b>Are any other adults or children allowed to participate in the family time sessions?</b>	<b>YES / NO</b>
<b>Name of adults</b>	
<b>Relationship</b>	
<b>Name of child(ren)</b>	
<b>Relationship</b>	
<b>Are there any risk issues if the separated parents (or other adults) meet at the family centre?</b>	<b>YES / NO</b>

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 medication need to be taken

YES / NO

*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.

--

<b>FAMILY TIME REQUIREMENTS</b>
---------------------------------

Are there any specific requirements that we need to be aware to make the family time enjoyable for the child/children?
--

E.g. - dietary needs, activities, toiletry needs etc...
---

**Please email the completed form to:**  
[referrals@thebrightconnections.co.uk](mailto:referrals@thebrightconnections.co.uk)

<b>Name</b>	
<b>Signature</b>	
<b>Relationship to child/children</b>	
<b>Date</b>	

