



# DMR Services Referral Form

## For

# Supervised Contact

Registered in England No.05055189

Registered Office: 102 Queslett Road East, Sutton Coldfield, Birmingham, B74 2EZ

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### Referral Form for Supervised Contact

Contact cannot commence until this form has been completed in full and received by the Administrator. All information will be treated in the strictest confidence.	Office Use Only	
	<b>Referral Received</b>	
	<b>Date of Agreement</b>	
	<b>Date of First Contact</b>	
	<b>Date Reviewed</b>	
	<b>Contact Ended</b>	

<b>Date of Referral:</b>	
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<b>Is this a new contact?</b>	Yes	No
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<b>Has funding been approved?</b>	Yes / No
<b>Please include relevant details: (who agreed, purchase order number etc)</b>	
<b>Is this a self-referral under private arrangements?</b>	Yes / No
<b>Has funding been approved through Legal Aid?</b>	Yes / No
<b>Has funding been approved through Local Authority?</b>	Yes / No

1) Referrer	
<b>Name:</b>	<b>Team:</b>
<b>Address:</b>	
<b>Postcode:</b>	<b>Telephone:</b>

2) Child(ren)			
Name(s)	Date of birth	Boy = B, Girl = G	Legal Status

3a) Details of where the child(ren) reside	
Name:	
Relationship to Child(ren):	
Address:	
Postcode:	Telephone:

3b) Details of where the child(ren) reside	
Name:	
Relationship to Child(ren):	
Address:	
Postcode:	Telephone:

3c) Details of where the child(ren) reside	
Name:	
Relationship to Child(ren):	
Address:	
Postcode:	Telephone:

4a) Details of adults attending contact		
Name:		
Relationship to Child(ren):		
Does this person have legal responsibility:	YES	NO
Length of time since they:	a) Met Child(ren) b) Lived with Child(ren)	
Address:		
Postcode:	Telephone:	

4b) Name(s) of other people allowed to participate in contact.	
Name	Relationship to child(ren)

<b>5) Solicitors</b>	
Is contact with either party's solicitor necessary?	Yes / No
If yes, please indicate why?	

<b>5a) Adult with whom the child(ren) live:</b>	
Solicitors Name:	
Practice:	
Address:	
Postcode:	Email:
Telephone:	Mobile:

<b>5b) Adult requesting contact / services:</b>	
Solicitors Name:	
Practice:	
Address:	
Postcode:	Email:
Telephone:	Mobile:

<b>5c) Any other relevant persons/professionals:</b>			
Name:		Contact Number:	
Name:		Contact Number:	
Name:		Contact Number:	
Name:		Contact Number:	

<b>6) Legal Orders and Contact</b>
a) When and where did contact last take place?
b) Is there a court order relating to this contact?
c) What other court orders have been made in relation to the child(ren) and when?

<b>7) Legal Representative</b>
What is the name of the legal representative for the authority (if any)?

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<b>8) Details of transport and contact details</b>
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<b>a) Name, designation and contact details of the person who will be bringing the child(ren) (if known).</b>
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<b>Name:</b>
<b>Workplace Address:</b>
<b>Telephone No:</b>
<b>Mobile No:</b>

<b>b) Preferred date of first contact?</b>
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<b>c) How frequently do you require contact to take place?</b>
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<b>d) How long will each contact last?</b>
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<b>e) Has a venue already been identified? If so, where?</b>
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<b>f) What are the preferred times of contact?</b>
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	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
<b>Start</b>							
<b>Finish</b>							

<b>g) Details of pick up and drop off points for contact.</b>
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<i>Childs Name</i>	<i>Pick up point</i>	<i>Drop off point</i>

<b>9) Information relating to the safety of the child</b>
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<b>a) Are there or have there been sexual/child abuse allegations made in this family.</b>
Yes <span style="margin-left: 200px;">No</span>
If "Yes", Please give details.

<b>b) Has any person who will be involved in the contact been convicted of an offence against a child(ren)?</b>
Yes <span style="margin-left: 200px;">No</span>
If "Yes", Please give details.

c) Has there been or is there likely to be a risk of abduction		
	Yes	No
If "Yes", are procedures in place for holding passports, etc.		
	Yes	No
d) Please give details of any allegations, undertaking, injunction or convictions relating to violence involving either party, their respective families or the child(ren).		

<b>10) Health and medical requirements</b>		
a) Do any of the children have any illness, allergy, disability, special need or medical requirements?		
	Yes	No
If "Yes", Please give details.		
b) Do any of the adults involved have a medical condition, mental illness or disability (including learning disability) likely to affect contact?		
	Yes	No
If "Yes", Please give details.		

<b>11) Contact Specifics</b>		
Why is supervision required? What specifically needs observation / intervention?		

<b>12) Levels of Supervision</b>		
a) What level of supervision is required for the contact? (Delete as appropriate)		
*Constant supervision – Supervision remains in sight and sound of the child(ren) throughout the contact.		
*Moderate- Supervisor does not need to remain in sight and sound of child(ren) at all times.		
b) How many supervisors are required?		
c) Are supervised outings permissible?		
	Yes	No
d) Are unsupervised outings permissible?		
	Yes	No

<b>13) Contact permissions</b>		
a) Are the adults permitted to bring food and drink to the contact?		
	Yes	No

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b) Are the adults permitted to pass written information and gifts to the children?	Yes	No
c) Are the adults permitted to use mobile phones during the contact?	Yes	No
d) Are parents permitted to take pictures during the contact?	Yes	No

<b>14) Additional Information</b>
a) What language is spoken?
b) Is an interpreter required Yes    No If "Yes", Please give details of the interpreter to be used.
c) Additional Background Information (Please use a separate sheet if necessary)

**This form has been completed accurately and to the best of my knowledge.**

<b>Signature</b>	<b>Dated</b>