

Living Springs Family Centre

Bridgnorth Road, Stourton, Stourbridge, West Midlands, DY7 6QY

Tel/Fax: 01384 872817 www.livingsprings.co.uk



Pre-visit Checklist

Name(s) of children:			
Name of parent:			Resident/Non Resident
Date/time of pre visit:		Date/time of first contact session	
Confirmation of information given on referral form			
Are the names and ages of children correct?			YES NO
Are the name, address and telephone number of parent correct?			YES NO
Confirm referral details (please tick when confirmed)			
<input type="checkbox"/> Solicitor		<input type="checkbox"/> Social Services	
<input type="checkbox"/> CAFCASS Officer		<input type="checkbox"/> Other	
Next Court date			
What is length of time since non-resident parent last:	a) Met child(ren)		
	b) Lived with child(ren)		
Frequency/place of any previous contacts since parents separated			
Does any child have an illness, allergy or special needs of which the Centre needs to be aware?			
Who will be bringing the child to the Centre? (Resident parent)			
Will anyone be accompanying you to the Centre? (Both parents)			
Are the parents willing to meet?			YES NO

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Is there an agreement that the child(ren) can be taken out of the Centre?		YES	NO
Confirm dates and times for first and subsequent visits to Centre.			
Are there any issues or allegations on the referral form that need further discussion?			
What are the parents' understanding and expectations of contact?			
Have you informed the parent about: (please tick if informed)			
<input type="checkbox"/> Confidentiality/Impartiality of Centre staff/volunteers <input type="checkbox"/> Parent's responsibility for the child(ren) at all times <input type="checkbox"/> Principle of always putting child(ren)'s interests first <input type="checkbox"/> The Centre's rules <input type="checkbox"/> The Centres safety procedures i.e. fire evacuation <input type="checkbox"/> Use of the Centre will be time limited and subject to review <input type="checkbox"/> The importance of notifying the Centre if they cannot attend or arrangements for contact have changed			
Are there any restrictions regarding the following:			
Photos	Videos	Presents	
Arrangements for leaving afterwards		Going out of Centre	
How do the parents feel and do they have any concerns?			
Does the parent have any concerns for his/her own safety?		YES	NO
If yes, what are they?			
Are there any concerns about the effect of the contact visit on the children?		YES	NO
If yes, what are they?			
How do the parents feel about the visits and using a Child Contact Centre?			
How is parent feeling about their own relationship with child(ren) and how that may change after contact visits?			

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Any other concerns?

All the information on this form will remain private and confidential.

Signed: (on behalf of the Child Contact Centre)

Date:

Position in organisation

(If you want a signed agreement with the parent, then you can add the following:)]

I agree to abide by the rules of the Child Contact Centre and will put the needs of my child(ren) first.

I confirm that all the information given on this form is accurate to the best of my knowledge.

Signed:

Date: