

# SOUTH LONDON FAMILY CENTRE

**Supporting Children and Families**



1 Othello Close, Kennington, SE11 4RE  
Tel: 020 7840 9020 Fax: 020 7840 9021

## SUPPORTED CHILD CONTACT REFERRAL FORM

**Today's date:** \_\_\_\_\_

Reference No. **SPT-** \_\_\_\_\_  
(Our Office Use)

Name of Children	Age(s)	Date of Birth
Name and address of resident parent	Name and address of contact parent	
(Very important) *Telephone No _____  Mobile _____	(Very important) *Telephone No _____  Mobile _____	
Name and address of Solicitor	Name and address of Solicitor	
Tel: Fax:	Tel: Fax:	

### SATURDAYS FOR INTERVIEWS, FRIDAYS ADMINISTRATION/SOLICITORS

Court Involved	Yes/No	Is there a Court Order?	Yes/No
Please enclose or forward a copy to the centre as soon as possible.			
Interim Agreement _____			
Review Date _____			
Has there been Child Protection concerns? _____			
Has there been Domestic violence _____			
<b>NB: 1. Both parents need to be interviewed separately before Contact commences.</b>			
<b>2. There is a one off administration fee of £85.00.</b>			
<b>3. Effective 01 August 2008, there will be an additional charge of £10.00 per session. (Subject to Change)</b>			