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| Access Support Service Self-Referral Form and AgreementSpringboard Navan Family Support **Telephone: 046:9078221/0****Email:** info@springboardnavan.ie | http://92.51.242.252/~springbo/wp-content/themes/twentytwelve/images/header.jpg |
| Non-Resident Parent This form should be completed in full before any contact will commence |
| Contact Details |
| Name: |
| Address: |
| Telephone Number: Mobile: |
| Email: |
| Children’s Names  | DOB: | Age: | Gender |
|  |
| Relationship |
| When did your relationship with the children’s father/mother end? |
|  |
|  |
| Has your family ever been known to or been involved with any of the following |
| Garda Síochana  | Yes | No |
| If yes please give dates and details |
|  |
| Social Services | Yes | No |
| If yes please give dates and details |
|  |
| The Courts | Yes | No |
| If yes please give dates and details |
|  |
| Mediation services | Yes | No |
| If yes please give dates and details |
|  |
| Do you have any concerns relating to domestic violence, drugs alcohol or mental health issues?  | Yes | No |
|  |
|  |
| Do you or the resident parent have any convictions?  | Yes | No |
| If yes please give details |  |  |
|  |
| Previous Parent child Contact  |
| When and where did contact last take place? |
|  |
|  |
| Who was involved in the contact? |
|  |
|  |
| Why did the contact breakdown? |
|  |
|  |
| If they are old enough to understand and have a view, how do the children feel about having any contact? |
|  |
|  |
| Arrangements for Contact |
| When would you like contact at the centre to take place and for how long? |
|  |
|  |
| Names of any other persons involved in the contact: |
|  |
|  |
| Are you in contact with/able to talk to the other parent/adult involved in the contact? | Yes | No |
|  |
|  |
| Will anybody be accompanying you on your visits to the centre? |
|  |
|  |
| Are you prepared to meet the children’s father/mother?  | Yes | No |
|  |
| Will staggered arrival and departure times be required? | Yes | No |
|  |
|  |
| Who has parental responsibility? |
|  |
|  |
| Do any of the children have any illnesses or allergies? |
|  |
| What language is spoken at home? |
|  |
| Will an interpreter be needed? | Yes | No |
|  |
| Are there any other issues you feel the centre needs to be aware of? |
|  |
|  |

## Agreement

* I confirm that the information contained within this form is to the best of my knowledge both accurate and true.
* I agree to abide by the rules of the centre if I am offered a place
* I understand that the centre reserves the right to either refuse or terminate contact if I have withheld any information or behave in a way that breaks the centres rules.
* I have read and signed the centre’s client induction form.

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| --- | --- | --- |
| Signed |  |  Non-Resident Parent |
| Print name  |  |  Non-Resident Parent |
| Signed  |  |  Springboard Navan  |
| Print name  |  |  Springboard Navan  |
| Date |  |  |