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| Access Support Service Self-Referral Form and Agreement Springboard Navan Family Support  **Telephone: 046:9078221/0**  **Email:** [info@springboardnavan.ie](mailto: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? | | | | | | |
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|  | | | | | | |
| Who was involved in the contact? | | | | | | |
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|  | | | | | | |
| Why did the contact breakdown? | | | | | | |
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|  | | | | | | |
| If they are old enough to understand and have a view, how do the children feel about having any contact? | | | | | | |
|  | | | | | | |
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| Arrangements for Contact | | | | | | |
| When would you like contact at the centre to take place and for how long? | | | | | | |
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|  | | | | | | |
| 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 | | |
|  | | | | | | |
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| 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? | | | | | | |
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## 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 |  |  |