



1. Child/ren			
Name(s)	Date of Birth	Male ✓	Female ✓
2. Adult to whom the hand over applies			
Full name:			
Relationship to child/ren:	Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (please specify) <input type="checkbox"/>		
Does this person have legal parental responsibility? (please tick)	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Length of time since their last session:			
Address:			
Postcode:	Telephone:	Mobile:	
Email:	Telephone:		
3. Adult with whom the child/ren reside			
Full name:			
Relationship to child/ren:			
Address:			

Postcode:		Telephone:		Mobile:	
Email:			Telephone:		
4. Referrer (if different from above)					
Name:			Profession:		
Address:					
Postcode:					
Email:			Telephone:		

5. Arrival at the Child Contact Centre		
a. Are the parents willing to meet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Will the resident be bringing them to and collecting them from the Centre?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, who will be bringing or collecting the child/ren?		
Name	Relationship to child	
c. What is the preferred date of the first hand over session?		
d. How frequently will the hand over take place?		
e. When is the anticipate end date for the hand over session if applicable?		
6. Health & Medical Requirements		
a. Do any of the children have any illness, allergy, impairment, special needs or medical requirements? If 'Yes', please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>

b. Do any of the adults involved suffer from long-term physical / mental illness or impairment? If 'Yes', please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide us with any information or concerns you may have that will enable us to provide an effective, safe, trouble or incident free hand over session.

Full Name:		Position / Relationship:	
Signature:		Date:	

Please return this form to: **VOICE OF THE CHILD**
 Address: **8 Beacontree Plaza, Gillette Road, Reading, RG2 0BS**
 You may also wish to return the form via email at admin@voiceofthechild.info