

### CONTACT PLANNING PRO FORMA

Child/ Young person Name		D.O.B	
Ethnicity			
Carer/Guardian Name			
Home Address		School Address	
Telephone		Telephone	
Email		Email	
Transport required	YES/NO	Transport Provider	
Any other detail			

Please detail any known risk factors, when transporting the child
Is a communication/contact book required      YES/NO
Does this need to be checked by the supervisor? (If yes, why)
Does the child have any allergies or medical conditions? Please detail
Is the child's name on the Child Protection Register? (If yes, under what category and why)
Is the child/young person subject to an order? Please detail
Are there any current legal proceedings affecting this child? Please detail

**COMMISSIONING OFFICER DETAILS**

NAME:	
ADDRESS:	
TELEPHONE	
MOBILE	
EMAIL	
ALTERNATIVE CONTACT DETAIL (i.e. Manager)	
NAME:	
TELEPHONE	
INVOICE ADDRESS (if different to above)	
TELEPHONE	
EMAIL	

**PARENTS**

Name: Mother	D.O.B
Contact details	
Parental Responsibility	YES/NO
Legal Representative	
Name: Father	D.O.B
Contact details	
Parental Responsibility	YES/NO
Legal Representative	
How will the parents get to the contact?	
<b>Maternal Grandparents (if necessary)</b>	
Grandmother details	
Grandfather details	
Paternal Grandparents (if necessary)	
Grandmother details	
Grandfather details	
Any other significant relatives/friends who may attend contact	
Aunt	Aunt
Uncle	Uncle
Other	Other

Anyone who is not permitted to visit	
What action should be taken in the event that this person arrives at the centre?	

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**CONTACT**

Is contact to be:    Supervised    Unsupervised

What level of supervision is required? (Detail)

Low Vigilance (occasional observation, minimal report)

Medium Vigilance (Observation ongoing, but not all activities supervised  
i.e. toileting, significant events recorded)

High Vigilance (all activity observed and recorded)

What is required, why is contact being supervised?
(Please detail)

Are the parents aware of the child's current address? YES/NO

What are the child/young person's views on contact (to be ascertained if appropriate)
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What are the parents' views on contact (including potential aims and outcomes)
Has another contact centre been involved with the family? (please detail)
Has previous contact broken down (where when and why did it break down?)





What changes will there be to contact arrangements to enable religious festival to be observed?
Will there be changes to contact during holiday periods? (Please detail)
Under what circumstances apart from illness can contact be cancelled?

**Risk Assessment**

What potential risks are there to the child/young person during contact? (Please detail)
What potential risks are there to the supervisors?
What are the ongoing risks/concerns for the child?
Do any of the family have special needs i.e. disability etc

Is an interpreter or translator required?

How many supervisors are required?

Are the parents/family permitted any of the following:

	<b>YES</b> (Please detail)	<b>NO</b>
To give the child/young person money during contact		
Give sweets to the child/young person		
Provide food		
Take the child/young person out of the centre		
Give presents, toys etc		
Photographs of the family		
Take photographs		
Video the child/young person		
Use mobile phone for self		
Permit child/young person to use mobile phone		
Give child/young person letters/cards from family members		

**Tasks**

	<b>TASK</b>	<b>RESPONSIBLE PERSON</b>
1	Key worker responsible for co-ordinating the plan	
2	Advising of changes to the plan	
3	Organising a review date	
4	Organising transport	
5	Supplying a contact book if appropriate	
6	Supply of nappies, food etc	
7	Financial support if required i.e. activities, etc.	
8	Notifying parties if contact is cancelled	

**Signed**

Mother \_\_\_\_\_ Date \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_

Child/Young Person (if appropriate) \_\_\_\_\_ Date \_\_\_\_\_

Carer \_\_\_\_\_ Date \_\_\_\_\_

Social Worker \_\_\_\_\_ Date \_\_\_\_\_

Service Provider \_\_\_\_\_ Date \_\_\_\_\_

Other (i.e. family) \_\_\_\_\_ Date \_\_\_\_\_