Appendix 5

**Family Time Arrangements Form**

|  |  |
| --- | --- |
| **Date Referral Received** | Click or tap to enter a date. |
| **Induction Meeting Held with Social Worker (Ensure brochure sent)** | **Date:** Click or tap to enter a date. |
| **Present:**  |
| **Date SW Observing family time:** | **Frequency of family time:** |
| **Child / young person’s views** |  |
| **Key dates (birthday, appointments, special events):**  |
| **Welcome Meeting Held with Parent** | **Date:** Click or tap to enter a date. |
| **Present:** **Tour of building completed: Yes/ No****Copy of schedule given: Yes/ No****Family Time Agreement signed: Yes/No****Comments:**  |
| **Parents Attending Courses** | **Freedom:** Choose an item. | **Start Date:** Click or tap to enter a date. | **Parenting:** Choose an item. | **Start Date:** Click or tap to enter a date. |
| **Sessions Attended** |  |  |
| **Risk assessments and precautions put in place if necessary to alleviate risk (Include any Red Flags):** |  |
| **Child/Children’s Information:** | **Name** | **Protocol Number** | **DOB** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Court / CIOC review dates** | Click or tap to enter a date. | **Last C&F Assessment** | Click or tap to enter a date. |
| **Contact with:** | **Name** | **Relationship to Child** | **Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Carers Information:** | **Name(s)** | **Relationship to Child** | **Phone Number** |
|  |  |  |
| **Address:** |  |
| **Social Worker:** |  |
| **Transport Requirements:** | **Collect from:** | **Return to:**  |
|  |  |
| **School Holiday Transport Details:** | **Collect from:** | **Return to:**  |
|  |  |
| **Permission to go into community** | Choose an item. | **Comments:** |
| **Confirmation of attendance in place** | Choose an item. | **Comments:** |
| **What family time needs to focus on and main areas to reflect in case notes:** |  |
| **Family / Friend Network (refer to genogram / ecomap, any viability assessments)** |  |
| **Information Relevant to Family Time: Include Video/phone calls to other relatives and whether photographs are allowed to be taken.**  |  |
| **Please indicate any names and relation of any other family members able to attend and if so when/how often** |  |
| **Please indicate any health needs/allergies etc** |  |
| **Please indicate size of car seat for each child where relevant** |  |
| **Altered / Updated information from discussions or CIOC reviews (Include date and initial of worker):** |  |
| **Date Closed:** |  |