



SUPERVISED CONTACT: REFERRAL INFORMATION

Parent to be supervised (Contact Parent)

Parent 2 to be supervised

Name		
Addresses		
Telephone		
Email		

Children Name	Age DOB	Living with

Caregiver

Name	
Address	
Email	
Telephone	

Others involved eg lawyers, Oranga Tamariki

Role	Name	Phone	Email	Permission to contact
Lawyer for Child				
Lawyer for Contact Parent				
Lawyer for Caregiver				
Oranga Tamariki Social Worker for children				

Copy of relevant Court Order/FGC Plan (Please attach)			
Number of contacts approved			
Regularity of contact required			
Venue for contact required?			
Person delivering/collecting child	Name:	Contact details:	
Extra Permissions Granted (e.g., food, presents, photos)			
Who is approved to be at contact			

What are the reasons that supervised contact has been requested:	
Are there any potential risks of the contact parent or their associates we should be aware of? Is this risk high/medium/low?	
Do the children have any special needs (allergies, health problems, etc.)	

For Oranga Tamariki Referral:

Social Worker for Children:	
Supervisor Name and Sign off Approved	
Other	

For Office use			
Date received		Date Assigned	
Supervisor assigned		Date completed	
Date invoiced		Date payment recieved	

