

St James' Settlement
 Circle of Love Specialised Co-parenting Support Centre
 Service Referral Form (Non-NGOs)

Please contact our intake worker at 3921 3909 before making referral. Please send the filled form to Room 5B, 5/F, Car Park, Tin Heng Estate, Tin Shui Wai, N.T. or fax to 3104 3699 (Attn: Centre-in-charge)

Referrer's Information

Name: _____ (English) _____ (Chinese, if any)
 Organization: _____ Position: _____
 Tel: _____ Email: _____
 Address: _____

Consent(s) given by client (please tick as appropriate)

Residing parent Yes No
 Non residing parent Yes No

Client's Information

Residing Parent (RP)

Name: _____ (English) _____ (Chinese, if any)
 Gender: male / female _____ Date of Birth: _____
 Tel: _____ Email: _____
 Address: _____

Non-Residing Parent (NRP)

Name: _____ (English) _____ (Chinese, if any)
 Gender: male / female _____ Date of Birth: _____
 Tel: _____ Email: _____
 Address: _____

Child(ren)

Name	Relationship with * Son/ Daughter & Close/fair/detached)		Sex	Age DOB	Education/ Occupation	Living with			Remarks: Disability, SEN, Domestic violence ...
	Father	Mother				Father	Mother	Others	
Child									

Service requested

	Services	Child(ren) is required to serve in SCSC / age / gender)	Remarks
<input type="checkbox"/>	Supervised Contact		
<input type="checkbox"/>	Supervised Exchange		
<input type="checkbox"/>	Parental Coordination		
<input type="checkbox"/>	Co-parenting Counselling		
<input type="checkbox"/>	Co-parenting Workshop		
<input type="checkbox"/>	Enquiry on SCSC service		

Reason of Referral:

Signature of Referrer: _____ Date: _____