APPLICATION FORM

AN APPLICATION FORM IS TO BE COMPLETED BY EACH PARENT AND RETURNED PRIOR TO THE COMMENCEMENT OF SERVICE.

Please return this form by email to **applications@familycontactservice.com.au**

IMPORTANT: Please include your surname in the subject heading of the email.

FAMILY CONTACT SERVICE

PO Box 6646
Point Cook VIC 3030

Mobile: 0459363172
Fax: 03 83539282

applications@familycontactservice.com.au
familycontactservice.com.au

ABN 70 310 635 706

CONTACT DETAILS

Name of Applicant:

Address:

Home Phone:

Mobile:

Home Email:

Work Email:

NAME AND DATE OF BIRTH OF CHILDREN

Child 1:

Date of Birth:

Child 2:

Date of Birth:

Child 3:

Date of Birth:

Child 4:

Date of Birth:

Child 5:

Date of Birth:

Child 6:

Date of Birth:

Relationship to Children:

☐ Father ☐ Mother

☐ Other (please specify)

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EMPLOYMENT STATUS: Please indicate

☐ Full Time ☐ Part Time ☐ Casual ☐ Self Employed
☐ Pensioner/Centrelink ☐ Other

ARE YOU OF ABORIGINAL OR TORRES STRAIGHT ISLANDER ORIGIN?

☐ NO ☐ YES Aboriginal ☐ YES Torres Straight Islander
☐ Prefer not to answer

ETHNICITY AND LANGUAGE OTHER THAN ENGLISH:

Ethnicity:

Language spoken other than English:

Do you speak English? ☐ YES ☐ NO

Interpreter required: ☐ YES ☐ NO

If YES, please provide contact details of the interpreter:

DO YOU HAVE A DISABILITY?

☐ YES ☐ NO

If YES, please describe your disability:

Do you need someone to help you with or be with you for communication activities, self-care or body movement activities?

☐ YES ☐ NO

If YES, please specify:

LEGAL REPRESENTATION

Name of Solicitor:

Name of Law Firm:

Postal Address:

Phone:

Fax Number:

Email:

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OTHER PARENT/ CARER INFORMATION

Name of Other

Address:

Home Phone:

Mobile:

Email:

Relationship to Children: ☐ Father ☐ Mother

☐ Other (please specify)

IS THE OTHER PARENT/ CARER OF ABORIGINAL OR TORRES STRAIGHT ISLANDER ORIGIN?

☐ NO ☐ YES Aboriginal ☐ YES Torres Straight Islander

☐ Prefer not to answer

ETHNICITY AND LANGUAGE OTHER THAN ENGLISH:

Ethnicity:

Language spoken other than English:

Do the other parent/carer speak English? ☐ YES ☐ NO

Interpreter required: ☐ YES ☐ NO

If YES, please provide contact details of the interpreter:

DOES THE OTHER PARENT/CARER HAVE A DISABILITY?

☐ YES ☐ NO

If YES, please describe their disability:

OTHER PARENT/ CARER'S LEGAL REPRESENTATION

Name of Solicitor:

Name of Law Firm:

Postal Address:

Phone:

Fax Number:

Email:

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HAS THE CHILD/REN BEEN THE SUBJECT OF CHILD PROTECTION INVOLVEMENT BY A STATE CHILD WELFARE AUTHORITY?
(Please provide details of child protection agency involved and reasons why)

☐ YES ☐ NO

If YES, please list in point form reasons for child protection involvement:

IS THERE CURRENT CHILD PROTECTION INVOLVEMENT BY A STATE CHILD WELFARE AUTHORITY?

☐ YES ☐ NO

CHILD PROTECTION PRACTITIONER'S DETAILS:
(Please sign Release of Information Form)

Name:

Phone:

Email:

Postal Address:

CLIENT DECLARATION: ALL COSTS ARE PAYABLE PRIOR TO THE FIRST SCHEDULED SUPERVISED CONTACT OR OTHER SERVICES

I, _____ agree that I will pay costs into Family Contact Service's nominated bank account no later than 24 hours prior to contact or any other service.

Signature of Client:

Date:

BANKING DETAILS

Bank: Commonwealth Bank
ACC Name: Family Contact Service
BSB #: 063779
ACC #: 10345745

IMPORTANT: Please specify your surname on the deposit transfer.

- The scheduled supervised contact may be postponed if the cost is not paid in advance.
- Observation notes will not be available for either party / or lawyers unless account is paid in full.
- Notification of cancellation by a parent/carer of supervised contact 24 hours or less will incur a late cancellation fee of three hours if no medical certificate is provided advising the child is unwell. If no doctor's certificate is provided a three-hour cancellation fee will be charged to the residential parent.
- Please note if Family Contact Service staff spend longer than thirty minutes in making session arrangements an administration fee of $60.00 per hour will be charged.
- An intake session with parents/carers will be requested and organised prior to the first supervised contact or other service arrangement.

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CHILD/REN'S INFORMATION

Number of children to be supervised for Contact: ☐

CHILD 1

Name of CHILD 1:

Date of Birth: Age: Gender: ☐ FEMALE ☐ MALE

IS THE CHILD OF ABORIGINAL OR TORRES STRAIGHT ISLANDER ORIGIN?

☐ NO ☐ YES Aboriginal ☐ YES Torres Straight Islander

Country of Birth:

LANGUAGE OTHER THAN ENGLISH:

Does the child speak a language other than English? ☐ YES ☐ NO

If YES, specify:

Interpreter required: ☐ YES ☐ NO

If YES, specify:

CHILD'S LEGAL REPRESENTATION

Name of Solicitor:

Name of Law Firm:

Postal Address:

Phone:

Fax Number:

Email:

PARENTING ARRANGEMENTS - Please provide the following details:

Are there any interim or final parenting orders? ☐ YES ☐ NO

Please attach copy of the existing parenting order to your email along with application.

Who does the child live with:

What are your current arrangements for time with the child/ren?

When was the last time the contact parent had contact with the child/ren?

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MEDICAL INFORMATION

Please list any medical information including disability, allergy or neurodiversity issues.

Does the child take any prescribed medication? ☐ YES ☐ NO

Will the medication be required during the supervised contact? ☐ YES ☐ NO

If your child has a diagnosed medical condition, you must complete a Medical Management Plan which can be found on our website: familycontactservice.com.au

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CHILD 2

Name of CHILD 2:

Date of Birth: Age: Gender: ☐ FEMALE ☐ MALE

IS THE CHILD OF ABORIGINAL OR TORRES STRAIGHT ISLANDER ORIGIN?

☐ NO ☐ YES Aboriginal ☐ YES Torres Straight Islander

Country of Birth:

LANGUAGE OTHER THAN ENGLISH:

Does the child speak a language other than English? ☐ YES ☐ NO

If YES, specify:

Interpreter required: ☐ YES ☐ NO

If YES, specify:

CHILD'S LEGAL REPRESENTATION

Name of Solicitor:

Name of Law Firm:

Postal Address:

Phone:

Fax Number:

Email:

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PARENTING ARRANGEMENTS - Please provide the following details:

Are there any interim or final parenting orders? ☐ YES ☐ NO

(Please attach copy of the existing parenting order to your email along with application).

Who does the child live with:

What are your current arrangements for time with the child/ren?

When was the last time the contact parent had contact with the child/ren?

MEDICAL INFORMATION

Please list any medical information including disability, allergy or neurodiversity issues.

Does the child take any prescribed medication? ☐ YES ☐ NO

Will the medication be required during the supervised contact? ☐ YES ☐ NO

IMPORTANT:

IF THERE ARE MORE THAN TWO CHILDREN, YOU MUST COMPLETE PAGES 11 & 12 OF THIS APPLICATION FORM.

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SERVICE REQUIRED

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1 TYPE OF SERVICE REQUIRED

Transport Arrangements: ☐ YES ☐ NO

Supervised Contact Visits: ☐ YES ☐ NO

2 PLEASE PROVIDE COPIES OF CURRENT COURT ORDERS INCLUDING HANDWRITTEN MINUTES

TYPES OF ORDERS INCLUDE:

- Parenting orders
- Intervention orders
- Children's Court orders
- Corrections orders

3 INDICATE DATE OF WHEN SERVICE IS REQUIRED TO COMMENCE

4 HAVE YOU PREVIOUSLY USED ANY OTHER SUPERVISION/CONTACT AGENCY?

☐ YES ☐ NO

If YES, please provide the following details:

Name of Agency:

Phone:

Fax:

Provide brief reasons for change of agency:

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5 CURRENT AND HISTORICAL CONCERNS

Please indicate if a child or parent/carer has been at risk of harm due to one or more of the risk factors below. **You MUST indicate YES/NO/NOT KNOWN for each category.**

Family Violence:	☐ YES	☐ NO	☐ NOT KNOWN
Stalking Behaviour:	☐ YES	☐ NO	☐ NOT KNOWN
Mental Health:	☐ YES	☐ NO	☐ NOT KNOWN
Substance Abuse: (Alcohol and/or Drugs)	☐ YES	☐ NO	☐ NOT KNOWN
Access to or Possession of Firearms:	☐ YES	☐ NO	☐ NOT KNOWN
Assault of Family Members:	☐ YES	☐ NO	☐ NOT KNOWN
Criminal Charges/ Convictions:	☐ YES	☐ NO	☐ NOT KNOWN
Intervention Orders:	☐ YES	☐ NO	☐ NOT KNOWN
Breached Court Orders:	☐ YES	☐ NO	☐ NOT KNOWN

Are there any allegations of physical or sexual harm to a child/children?

☐ YES ☐ NO

Have alleged incidents of that harm been reported to Child Protection?

☐ YES ☐ NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE, PLEASE PROVIDE FURTHER DETAILS

Please include FACTS, INCIDENT, DATES, PERSONS INVOLVED and if the concern was reported to an external authority (police, child welfare authority):

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TERMS AND CONDITIONS

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I, _____ agree to NOT record/film/publish using cameras or through any other means/device while any Family Contact Service employee is supervising time with my child/ren including at any other location that supervision may occur or during handover of my children.

I understand that during phone conversations with a Family Contact Service employee I am NOT permitted to record phone conversations. In the event this agreement is breached, Family Contact Service will cease service provision.

I agree to all terms and conditions of the Family Contact Service and understand that service provision is conditional on the terms and conditions set out in the service agreement. I understand that the contact service is conditioned on acceptance of and compliance with these terms and will be discontinued should I fail to abide with these terms.

I acknowledge that I will be responsible for cancellation fees incurred if I cancel a scheduled supervised contact session with less than 24 hour's notice.

I understand that if a doctor's certificate is provided to Family Contact Service for the date of the cancelled supervised contact session, this fee will be waived.

Client Name:	
Signature of Client:	
Date of Signature:	

PLEASE NOTE THAT YOUR PERSONAL INFORMATION IS PROTECTED BY LAW

Family Contact Service

Owner: Julie Robinson
Mobile: 0459 363 172
Email: applications@familycontactservice.com.au
Website: familycontactservice.com.au
ABN: 70 310 635 706

COVID 19 Acknowledgement

In signing the above terms and conditions, I consent to proceed with facilitation of supervised contact given the current advice presented by the Victorian Government in relation to the COVID-19 pandemic.

I am aware that by giving my consent I shall not hold Family Contact Service, or their staff accountable for exposure to the COVID-19 virus.

ACKNOWLEDGEMENT OF COSTS - RESIDENTIAL PARENT ONLY.

THIS FORM MUST BE COMPLETED BY THE RESIDENT PARENT ACKNOWLEDGING THE BELOW INFORMATION:

Please return this form by email to applications@familycontactservice.com.au alongside the application form and supporting information.

I understand and acknowledge that I will be responsible for the full amount of any cancellation fee incurred if I cancel a scheduled supervised contact period less than 24 hours prior to scheduled contact time.

I understand that if a doctor's certificate is produced to Family Contact Service confirming that the child/children were unfit to attend contact time on the scheduled date, the cancellation fee will be waived.

Name:	
Signature:	
Date:	

ADDITIONAL CHILDREN INFORMATION

PLEASE COMPLETE THIS PAGE FOR **EACH** ADDITIONAL CHILD AFTER THE FIRST TWO CHILDREN.

CHILD

Child Name:

Date of Birth: Age: Gender: ☐ FEMALE ☐ MALE

IS THE CHILD OF ABORIGINAL OR TORRES STRAIGHT ISLANDER ORIGIN?

☐ NO ☐ YES Aboriginal ☐ YES Torres Straight Islander

Country of Birth:

LANGUAGE OTHER THAN ENGLISH:

Does the child speak a language other than ☐ YES ☐ NO

If YES, specify:

Interpreter required: ☐ YES ☐ NO

If YES, specify:

CHILD'S LEGAL REPRESENTATION

Name of Solicitor:

Name of Law Firm:

Postal Address:

Phone:

Fax Number:

Email:

PARENTING ARRANGEMENTS - Please provide the following details:

Are there any interim or final parenting orders? ☐ YES ☐ NO

(Please attach copy of the existing parenting order to your email along with application).

Who does the child live with:

What are your current arrangements for time with the child/ren?

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MEDICAL INFORMATION

Please list any medical information including disability, allergy or neurodiversity issues.

Does the child take any prescribed medication? ☐ YES ☐ NO

Will the medication be required during the supervised contact? ☐ YES ☐ NO

If a child has been diagnosed with a medical condition, you must complete the Medical Management Form which can be found on our website: familycontactservice.com.au