

# Application Form

- All our Application Forms remain Private and Confidential.
- Orientation must include the child /children of the dispute.
- Only English is to be spoken during intake/contact period.
- No other parties to be present unless prior permission is given by all parties and is in-line with court arrangements.
- No outside calls or video calls without prior permission.
- Please note, cancellations of less than a 24hr notice will incur the full cost of the contact period. If payment has been made and notification to cancel the visit is given outside of the 24hr period, then the visit may be carried forward to the following visit.
- All contact venues/activities are to be at the discretion of the supervisor (unless otherwise noted in court orders), focusing on the best interests of the visit.
- Activities must be able to accommodate the supervisor to remain within hearing distance. Please note water-based activities such as swimming and boating may require approval from both parental parties or be dependent on agreed terms or court order conditions.
- All gifts to be appropriate and kept to a minimum and must be opened in front of supervisor or will not be passed onto primary carer for security reasons.
- Please note we will require a referral from your legal representative before accepting any submissions made. Completed applications will need to be submitted to Family Contact Access by your legal representative.

## Please check the service applicable with your situation:

Facilitating change over only

Supervised Contact

## Personal Details

### Child's/Children's Details

#### Child 1

First Name: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Spoken Language: \_\_\_\_\_

#### Child 2

First Name: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Spoken Language: \_\_\_\_\_

Child 3

First Name: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spoken Language: \_\_\_\_\_

Child 4

First Name: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spoken Language: \_\_\_\_\_

**Mother's Details**

First Name: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Mobile: \_\_\_\_\_

**Significant Other (if applicable)**

First Name: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Mobile: \_\_\_\_\_

**Father's Details**

First Name: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Mobile: \_\_\_\_\_

**Significant Other (if applicable)**

First Name: \_\_\_\_\_

Email: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone (work): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Please specify the following:**

Proposed Orientation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

When did the child/children of the dispute last have contact with the non-residence parent:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

In relation to this matter, briefly state why the Court feels Supervised Contact is required.

Please provide the current Court Order along with any relevant reports along with any current intervention orders and any Clinical Psychologist report in reference to the child/children or parents applicable to the welfare of the child/children.

**Legal Details****Separate Legal Representative (I.C.L.) (if applicable)**

Legal Firm: \_\_\_\_\_

Phone: \_\_\_\_\_

Attention To: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**Mother's Legal Representative**

Legal Firm: \_\_\_\_\_

Phone: \_\_\_\_\_

Attention To: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**Father's Legal Representative**

Legal Firm: \_\_\_\_\_

Phone: \_\_\_\_\_

Attention To: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**Please state all proposed Contact times:**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

**Please answer the following if applicable:**

Yes      No

Substance use (drugs/alcohol):

Please specify:

Does the Contact Parent hold a current firearm license:

Does the Contact Parent possess or have available a firearm for use:

Is an Intervention Order currently in place:

Has the Intervention Order been breached:

Any Criminal Charges - current or pending convictions:

If yes, please provide copies of relevant documents.

Please detail any other relevant issues pertaining to this dispute:

Where applicable we may need to become more informed, about your application to our service (e.g., Confer with or have reports from Lawyers/Doctors/Psychologists).



I the undersigned authorise a representative of Family Contact Access to contact any professional person/s in relation to this matter, now or in the future as need be, to abide by any reasonable instruction of the Supervisor appointed.

**I the undersigned do not object to the above, agrees to abide by any reasonable instructions given by the Supervisor and agrees to pay in full for the service provided.**

**Signature:**

**Date:**     /     /  
\_\_\_\_\_

### Office Use Only

Supervisor appointed: \_\_\_\_\_

Date of Orientation: \_\_\_\_\_

### Medical Details

Is the child or children allergic to anything?

Is there any medication that the child/children are currently taking?

If yes, will this be supplied?

If applicable, please specify all current medications:

Do the child/children suffer from asthma?

If yes, is there an asthma plan in place?

If the child or children are older, they may be asked what activities they would like to do with the contact parent. It is important for them to feel empowered about the contact, as there are too many children who feel they are being 'MADE' to go. Giving the child/children this decision helps the child/children adjust.

**Please note: It is not our role to pass on messages between parents.**

Child/children's illness?

School reports and/or activities?

Any proposed change of times and/or dates? (Holidays Birthdays etc.)



Where applicable and prior to the first contact, the allocated Supervisor will meet the child/children, being introduced by the resident parent. This is part of the intake.

## Cost of Service

### Supervised Contact

<b>Intake:</b>	<b>\$285</b>
<b>Supervised Contact</b>	
<b>First two hours (minimum payment)</b>	<b>\$180.00</b>
<b>All Additional hours</b>	<b>\$95.00 p/h</b>

**Costs do not include report writing time or travel (if required). Travel costs are determined upon allocation of supervisor.**

**Hand Over will be completed outside of contact hours but is included in the costs.**

**Short overviews will be given to parents by the supervisor so they may focus on the children.**

**All reports                      \$85.00 per page**

**All reports can only be requested by a legal representative and will not be given directly to parents.**

*Charges apply for all forms of communication compiled at the request of the legal representative, if outside of arrangements and the supervision time.*

Please do not hesitate to call if you have any further questions or queries.

Regards,

Family Contact Access  
**fcainquiries23@yahoo.com**