

AN APPLICATION FORM IS TO BE FILLED OUT BY EACH PARENT\*

Application forms need to be received from both parents before we can consider your request. If you require assistance with paperwork please contact the service.

\* The term 'parent' is interchangeable with significant person in the child's life requiring this service. All applications that do not proceed will be disposed of after a twelve month period.

## Service

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Facilitated Change Over      Supervised Visit      Low Vigilant Visit  
Post Separation Co-operative Parenting Program (Seminar)

## Applicant details

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First Name:

Surname:

Any other names known by (eg maiden name):

D.O.B:

Postal Address:

Postcode:

Phone: (H)

(M)

(W)

Email:

Are you:      Parent the child lives with      Parent the child spends time with

Relationship to the child/ren:      Mother      Father      Other

If other, please specify:

Are you:      Aboriginal      Torres Strait Islander

Your country of birth:

What is the main language spoken at home:

Do you require an interpreter?      Yes      No

If yes, which language?

## Details of children to be involved in requested service

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Name:      DOB:      M      F

Name:      DOB:      M      F

Name:      DOB:      M      F

Name:      DOB:      M      F

Name:      DOB:      M      F

Name:      DOB:      M      F

Language spoken (if other than English):

What suburb/town do the child/ren reside:

## Information regarding other parent

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First Name:

Surname:

Any other names known by (eg maiden name):

Contact details (if known):

Relationship to the child/ren:      Mother      Father      Other

If other, please specify:

## Additional information (Children's Contact Service only)

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Reason you require a service

Who referred you to the service?

Have you previously used or applied to use another Children's Contact Service?      Yes      No

If yes please provide details:

Are there any past/current sexual abuse allegations?      Yes      No      If yes date

Who has the allegation been reported to

Outcome of investigation

Are there any convictions of sexual abuse?      Yes      No      If yes please provide details below

**If there are sexual abuse allegations the service may be required to gather additional information to determine eligibility**

## Additional information

Do any of the following apply to you ?

Criminal charges/convictions?	Yes	No
Has there been any assaults (verbal or physical) of family members/others by your ex-partner?	Yes	No
Are there any Intervention Orders in place	Yes	No
If yes provide a copy of the current intervention order		
Have there been breaches of these Orders	Yes	No
Child Protection involvement	Yes	No

Are you or the other parent required to complete any of the following?

Drug Screens	You	Other Parent
Psychological/Psychiatric Assessment	You	Other Parent
Family Report	You	Other Parent
Counselling	You	Other Parent
Education Program	You	Other Parent
Post Separation Co-operative Parenting Program	You	Other Parent
Other	You	Other Parent

*Please note: The service may be required to gather additional information to determine eligibility.*

Please specify:

## Legal information

Do you have legal representation?    Yes    No    If yes, please detail:

Lawyer's Name:

Organisation:

Address:

Phone:

Email:

Has an Independent Children's Lawyer been appointed?    Yes    No    If yes, please detail:

Lawyer's Name:

Organisation:

Address:

Phone:

Email:

Is there a current Court Order or Parenting Plan?    Yes    No    If yes, please provide a copy

## Client consent

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I (insert name)

authorise the Children's Contact Service to obtain/exchange information with internal/external services identified in this document, in order to assist with my application to the service.

Signature:

Date:

*Please print and sign this form, then return it along with copies of relevant documents to your requested service. (eg: Family Court Orders, Intervention Orders, Certificates of completed courses)*

## Location

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### Shepparton

110 Wyndham Street  
(PO Box 1108)  
Shepparton VIC 3632

Phone: 03 5822 8100

Fax: 03 5822 8199

Email: [pss@berrystreet.org.au](mailto:pss@berrystreet.org.au)

The service operates on strict time schedules for supervised visits and facilitated changeovers. These times will be determined by the service.