



Children's Contact Service - Application Form

Each parent must complete separate application forms. Please complete all pages.
(The term "parent" is interchangeable with significant person in the child's life requiring this service.)

Service Requested:

Supervised Contact

Facilitated Changeover

Details of children to be involved in proposed arrangements

First name: _____ Last name: _____ DOB: _____ *Please circle* M/F

First name: _____ Last name: _____ DOB: _____ M/F

First name: _____ Last name: _____ DOB: _____ M/F

Suburb where the child/ren live: _____

Your first name: _____ Last name: _____

Date of birth: _____

My relationship to child/ren: Mother Father Other _____

The child/ren live primarily with me The child/ren live primarily with their other parent

Address: _____

Postcode: _____

Phone: _____ (Landline) _____ (Mobile)

Country of Birth: _____

Other parent's name: _____

Other parent's address: _____

Postcode: _____

Phone: _____ (Landline) _____ (Mobile)

Legal Representation

Do you have a lawyer? Yes No

Your Legal Representative:

Lawyer's name and Firm: _____

Address: _____

_____ Postcode: _____

Phone _____ Fax _____

Other Parent's Legal Representative:

Lawyer's name and Firm: _____

Address: _____

_____ Postcode: _____

Phone _____ Fax _____

Independent Children's Lawyer:

Lawyer's name and Firm: _____

Address: _____

_____ Postcode: _____

Phone _____ Fax _____

Are there current Court Orders or Parenting Plans? Yes No

(Please attach a copy)

Is there a Family Violence Order or Intervention Order in place? Yes No

(Please attach a copy)

Is Child Protection currently involved with your family? Yes No

(Please note that people currently involved with Child Protection are not eligible to use the Children's Contact Service)

Reasons for applying to use Children's Contact Service

Signature of parent: _____ Date: _____

CONSENT FOR THE FRSP ONLINE NATIONAL DATA COLLECTION

The services provided by us are funded or partially funded by the Commonwealth Government under the Family Relationship Services Program (**FRSP**) through the Department of Families, Housing Community Services and Indigenous Affairs (**FaHCSIA**) and/or the Attorney-General's Department (**AGD**).

As part of our funding agreement, the Commonwealth Government requires us to enter data onto the FRSP Online national data collection system (**FRSP Online**). This data will assist FaHCSIA and AGD gather information on whether our services are useful and helpful to groups of people like you. Your participation in FRSP Online is very important and completely voluntary.

FaHCSIA, AGD and its contracted service providers are bound to protect the privacy of individuals under the *Privacy Act 1988*. We will only disclose personal information you have provided to us to a third party if we are required or authorised by law to do so, for example, to protect someone from harm.

If you give your consent, details provided by you and our practitioners on the attached forms (and marked with an asterisk or shaded area) and/or information collected by our clinical staff on other forms about the services you receive will be entered onto FRSP Online.

To protect your privacy we will create a unique code from the answers you write on this form so that your information can be used in a way that does not identify you. FaHCSIA, AGD and agencies engaged to conduct research or evaluation will be required to use the unique code. Using this unique code it is possible to link all the services that a person has received but not to know who the person was that received them.

When we enter your first name, last name and date of birth into the FRSP Online Data Collection system, it searches for any possible matches to that information. If a match is found then the following further details are displayed, based on information that you have previously supplied, including gender, country of birth, indigenous status, main language, ancestry and year of arrival in Australia.

YOUR INFORMATION WILL BE USED BY FaHCSIA AND AGD FOR STATISTICAL AND EVALUATION PURPOSES ONLY.

NO INFORMATION WILL EVER BE PUBLISHED WHERE YOU COULD BE IDENTIFIED.

I consent to the information provided by me on the attached forms being stored by Bethany Community Support.

Consent *Tick one only* Do not consent

I consent to the information referred to above being entered into FRSP Online,

Consent *Tick one only* Do not consent

I consent to being contacted by Bethany Community Support on behalf of FaHCSIA, AGD and/or their agents, at a later date to participate in follow up, research, or program evaluation activities.

Consent *Tick one only* Do not consent

I understand that I can withdraw my consent at any time.

Signature

Date

Client Form

* Today's Date:
dd/mm/yyyy

* First name: _____

* Last name: _____

* Date of Birth:
dd/mm/yyyy

* Or your age: _____

* Gender: Male Female

* Are you of Aboriginal or Torres Strait Islander origin:

No Torres Strait Islander
 Both Aboriginal

* What is the main language you speak at home:

English Italian
 Arabic Mandarin
 Cantonese Vietnamese
 Greek Other

If 'Other' language, please specify here

* If the main language you speak at home is NOT English, please rate your ability to speak English:

Very Well Not Well
 Well Not at all

* Current marital status:

Single or Never Married De Facto Separated
 Married Separated but not divorced
 De Facto Divorced
 Widowed
 Other Relationship
 N/A - person aged under 15 years

Date of Separation (Must be completed for de facto separated, separated but not divorced and divorced)

dd/mm/yyyy

* Highest education level completed:

Primary Tertiary (University or Institutes)
 Secondary – Year 10 Never Attended School
 Secondary – Year 12

* Current employment status:

Employed - including self employed
 Unemployed - actively looking for a job
 Not in the labour force (e.g. stay at home parent, volunteer, not looking for a job, student, retired etc.)

* Current family income before deductions:

\$0 - \$25,000 \$50,001 - \$110,000
 \$25,001 - \$50,000 \$110,001 and over

* Do you receive Centrelink income support payments (excluding FTB)

Yes No

* Your current place of residence:

Suburb

State

Postcode

* What is the main purpose that brought you to this service:

Children Legal
 Relationship Violence/Abuse
 Parenting
 Health/Addictions

Please post form to Bethany Children's Contact Service
16 Ballarat Road, Hamlyn Heights, VIC 3215