



# Children's Contact Centre Intake Form

**An Intake form is to be filled out by each parent\***

(\*The term 'parent' is interchangeable with any significant person in the child's life requiring this service.)

**Application forms need to be received from both parents before we can progress**

## Service Type Requested

**Supervised Visit**

**Facilitated Changeover**

Are there current Court Orders or Agreements?

Yes

No

Brief details of these orders:

.....

*If yes, please provide a copy with this application at your Intake Interview*

## Details of Child/ren to be Involved in the Proposed Arrangements

First Name ..... Last Name ..... D.O.B ..... M  F  N

First Name ..... Last Name ..... D.O.B ..... M  F  N

First Name ..... Last Name ..... D.O.B ..... M  F  N

First Name ..... Last Name ..... D.O.B ..... M  F  N

Suburb where the child/ren live: ..... Language spoken: .....

Do your children identify as:  Aboriginal  Torres Strait Islander  Both

CALD  None of these

Please provide name(s) and ethnicity below:

.....

## Your Details

Name: ..... Date of Birth: .....

The child/ren live with me.

The child/ren don't live with me.

Relationship to child/ren:  Mother  Father  Other:

Do you identify as:  Aboriginal  Torres Strait Islander  Both  CALD  None of these

If English is not the language spoken at home do you require an interpreter?  Yes  No

If YES which language? .....

Residential Address:

Postal Address (if different from residential address)

.....

.....

Phone: (H) ..... (W) ..... Mobile .....

**Your Details Continued**

Do you have a private email where we could send confirmation letters, schedules, etc?

Yes  No  Email address: .....

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

Solicitor's Name: .....

Organisation: .....

Solicitor's Address: .....

Solicitor's Phone: ..... Fax No/Email: .....

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

Solicitor's Name: .....

Organisation: .....

Solicitor's Address: .....

Solicitor's Phone: ..... Fax No/Email: .....

When did you separate? .....

When did the child/ren last see the parent they do not live with?  
.....

Has the child/ren expressed any concerns about this process? (accessing the Children's Contact Centre)  
.....

Briefly outline why you believe the CCC will be helpful?  
.....

Have you used any other post separations services previously? *If Yes, briefly outline service used and when* (e.g. Child Contact Service, Parenting Orders Program or Family Relationship Services)  
.....

Supervised Visits and Changeovers are offered on Thursdays, Fridays, and Saturdays. *Supervised Visits and Changeovers may be offered at other times after discussion with Practice Leader.*

Please select your preference:  Thursday Morning  Thursday Afternoon  
*First available day/time will be offered*  Friday Morning  Friday Afternoon  
 Saturday Morning  Saturday Afternoon

Comments:  
.....

## Your Details Continued

1. Do any of the following apply to you?
- Criminal charges/convictions? Yes  No
- Is there an Intervention Order(s) in place?  
*If yes, provide a copy of the current Order* Yes  No
- Have there been breaches of these Order(s)? Yes  No
2. Has anything else happened to make you feel unsafe? Yes  No

*If you answered YES to any of the above, please provide details:*

.....

## Other Parent's Details

First Name: ..... Surname: .....

Relationship to child/ren:  Mother  Father  Other .....

Do any of these apply to the other parent?

- Is there an Intervention Order(s) been in place?  
*If yes, provide a copy of the current intervention order.* Yes  No
- Have there been breaches of these Orders? Yes  No
- Criminal charges/convictions? Yes  No

*If you answered YES to any of the above, please provide details:*

.....

Is there any other issue/detail about your situation that we should be aware of in relation to you and your child(ren) safely attending this service for supervised visits?

If so, please detail:

.....

We may need to follow up some information regarding your application with lawyers, services, doctors, etc. who you may have detailed in the application. If you do not object to this, please sign where indicated.

- **I authorise a Children's Contact Centre staff member to contact any agency or person who has been detailed herein to follow up information in this form.**
- **I also confirm that all information herein is current and correct to the best of my knowledge.**

Signed .....

Date .....

**WE ASK THAT THIS FORM BE SIGNED BY THE APPLICANT RATHER THAN AN ADVOCATE IN ORDER TO VERIFY THEIR AUTHORISATION OF ITS CONTENT**

Please return this form with copies of all relevant documents to email below, (e.g. Family Court Orders, Intervention Orders, certificates of completed courses.  
Do not attach affidavits)

(If not possible, please bring to your face-to-face Intake Interview)

**Children's Contact Service**  
[Info@bettertogether.com.au](mailto:Info@bettertogether.com.au)

***All applications that do not proceed will be disposed of after a twelve-month period.***

Thank You

*The information you have provided will assist us in assessing your request for Service.  
We shall acknowledge receipt of application by letter.  
All application assessments are made based on the Bests Interests of each child.*

