

SUPERVISED CONTACT SERVICES APPLICATION FORM



Please read the following before completing this form:

1. Each parent must complete separate application forms. Please complete **all** pages.
2. The term “parent” is interchangeable with the significant person in the child’s life requiring this service.
3. In order for the service to proceed with this application, we require a way to contact the other parent.
The child/ren must reside in the local government areas of Greater Geelong, Surf Coast, Golden Plains, Colac or Wyndham-Werribee to be eligible to utilise the service.
4. Facilitated Changeovers occur on:
5. Friday 10.30 am – 6.00 pm
 Saturday 9.15am – 5.15pm
Supervised Contacts occur on:
 Thursday 10.30am – 2.30pm
 Friday 12.30pm – 6.00pm
 Saturday 9.15am – 5.15pm
6. Time and Day preferences will be consideration but cannot be guaranteed due to the service’s capacity.
7. Please note the Children’s Contact Service is a partially government funded service and the Family Engagement Service is a profit for purpose service. **Both incur fees.**
8. The Children’s Contact Service is a limited service. Supervised contacts are for a maximum of 12 visits, and facilitated changeovers are for a maximum of 6 months.
9. The Family Engagement Service can be used ongoing for supervised contacts when required.
10. Wait lists often apply for both services. The Family Engagement Service wait time is usually short but has higher fees attached.
11. You may not be eligible for service if there is an open Department of Families, Fairness and Housing (DFFH) case.
12. Please provide all relevant Interim Violence Orders (IVO), parenting plans, court orders or child protection information with this application.
13. Please provide a brief reason for applying to the service.
14. The Supervised Contact Services is not attached to the Family Law Court and is an independent, neutral, unbiased and non-judgmental service.
15. There is an expectation that families will be working towards a self management plan of their child contact arrangements whilst utilising the service.

Please send completed forms to:

Bethany Supervised Contact Services
PO Box 324, North Geelong VIC 3215
or
email: scs@bethany.org.au

SUPERVISED CONTACT SERVICES APPLICATION FORM



1. SERVICE REQUESTED			
Children's Contact Service (Partially Government Funded)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family Engagement Service (Private Full Fee)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facilitated Changeover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supervised Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. AVAILABILITY					
Thursday 10.30-2.30	<input type="checkbox"/> Yes	Friday 12.30-6.00	<input type="checkbox"/> Yes	Saturday 9.15-5.15	<input type="checkbox"/> Yes

3. PERSONAL DETAILS			
Given Name		Surname	
Address			
Suburb		Postcode	
Email			
Contact Number/s			
Date of Birth		Place of Birth	
Language Spoken		Interpreter Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to child/ren			
Do you Identify as?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
How do you describe yourself?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse- Please specify (Optional) _____ <input type="checkbox"/> Heterosexual <input type="checkbox"/> Same sex attracted <input type="checkbox"/> Bisexual <input type="checkbox"/> Intersex <input type="checkbox"/> Transgender <input type="checkbox"/> Other (Optional) _____		
Do you have a preferred pronoun?	<input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> Them/Them <input type="checkbox"/> Other _____		
Do you have any disability support needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Specify	
Are you already linked in with another Bethany program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Specify the Program and Worker	
Assessed against Vulnerable Persons criteria	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does the person consent to being registered	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. DETAILS OF OTHER PARENT
(The service cannot proceed with an application without contact details)

Other parent's full name			
Other parent's address			
Suburb		Postcode	
Email Address			
Contact Number/s			

5. LEGAL INFORMATION

Are there current Court Orders or Parenting Plans? <i>If yes, please attach a copy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Family Violence Order or Intervention Order in place? <i>If yes, please attach a copy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Child Protection currently involved with your family? <i>Please note that people currently involved with Child Protection are not eligible to use the Supervised Contact Services.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a pension or health care card? <i>If yes, please attach a copy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. YOUR LEGAL REPRESENTATIVE DETAILS ARE

Do you have a lawyer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lawyer's Name			
Lawyer's Firm			
Address			
Suburb		Postcode	
Phone		Email	

7. OTHER PARENT'S LEGAL REPRESENTATIVE DETAILS

Does the other parent have a lawyer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lawyer's Name			
Lawyer's Firm			
Address			
Suburb		Postcode	
Phone		Email	

8. INDEPENDENT CHILDREN'S LAWYER DETAILS

Is there an ICL?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lawyer's Name			
Lawyer's Firm			
Address			
Suburb		Postcode	
Phone		Email	

9. CHILD/REN'S LIVING ARRANGEMENTS

Primarily reside with me	<input type="checkbox"/> Yes	Primarily reside with other parent	<input type="checkbox"/> Yes
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10. DETAILS OF CHILDREN TO BE INVOLVED IN PROPOSED ARRANGEMENTS

First name		Surname		DOB	
Gender		LGBTI+		Indigenous	
Country of Birth		Ancestry		Disability	

First name		Surname		DOB	
Gender		LGBTI+		Indigenous	
Country of Birth		Ancestry		Disability	

First name		Surname		DOB	
Gender		LGBTI+		Indigenous	
Country of Birth		Ancestry		Disability	

First name		Surname		DOB	
Gender		LGBTI+		Indigenous	
Country of Birth		Ancestry		Disability	

First name		Surname		DOB	
Gender		LGBTI+		Indigenous	
Country of Birth		Ancestry		Disability	

10. BRIEF REASONS FOR APPLYING TO USE SUPERVISED CONTACT SERVICES

A large, empty rectangular box with a thin black border, intended for the applicant to provide brief reasons for applying to use supervised contact services.

DEMOGRAPHICS

It is a government requirement that we ask these questions of all service users. Please complete this form.

Do you have a disability?

Yes No

If yes –

- Intellectual learning
- Psychiatric/Mental Health
- Sensory/Speech
- Physical/Diverse

Are you homeless?

Yes No At Risk

What is your household Composition?

- Single (living alone)
- Sole Parent with Dependents
- Couple (no children in the house)
- Couple with Dependents
- Group (related adults)
- Group (unrelated adults)
- Homeless/No Household

What is your highest level of education?

- Primary School
- High School
- Certificate Level
- Diploma/Advance Diploma
- Bachelor Degree
- Graduate Diploma
- Post Graduate
- Other _____

What is your employment status?

- Paid Work – Full-time
- Paid Work - Part-time
- Unpaid Work
(Including Volunteering)
- Not Working
(Not seeking employment)
- Unemployed
(Actively seeking employment)
- Study – Full-time
- Study – Part-time
- Carer

Parent

What is your main source of income?

- Nil Income
- Employee Salary/Wages
- Self Employed
- Government Payments
(Including Pensions and Allowances)
- Other Income
(Including Superannuation and Investments)

Approximate Income _____

(this is a requirement of our funding body)

- Per Week
- Fortnight
- Month
- Year

Your country of birth:

- Australia
- Other _____

If born overseas

Year of Arrival _____

Visa Type

- Humanitarian
- Family
- Skilled
- Other _____

Are you receiving a carers benefit?

Yes No

Are you eligible for NDIS?

- NDIS in-progress access request
- NDIS eligible
- NDIS ineligible

Is your child eligible for NDIS?

Name _____

- NDIS in-progress access request
- NDIS eligible
- NDIS ineligible