

# APPLICATION FORM

## SUPPORTED CHANGE-OVER

Completed forms may be returned by fax, mail, or email.  
Don't hesitate to contact us if you have any questions



PO Box 272 Dayboro QLD 4521  
Tel (07) 3425 1098  
Fax (07) 3425 1098  
Email [contactus@kindredconnect.com.au](mailto:contactus@kindredconnect.com.au)  
Web <http://kindredconnect.com.au>

### PARENT COMPLETING THIS FORM

Name:			
Contact Number:			
Email address:			
Are you happy for us to provide you information by email?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
What is your relationship to the child(ren):	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other <input type="checkbox"/>
Have you read the Service Fee Schedule?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Person/s to pay Service Fees	Father: <input type="checkbox"/>	Mother: <input type="checkbox"/>	Equally shared: <input type="checkbox"/>

### YOUR EMERGENCY CONTACT PERSON

Emergency Contact person		Contact number	
Relationship to child(ren)		Is this person aware?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### LEGAL DETAILS

Are there any current Court Orders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Details</i>		
<i>Please attach copy of any relevant Court Orders i.e. DVO and Contact.</i>		
Do you have legal representation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Solicitor's Name & Legal Firm		
Contact number		
Company Address		
Solicitor's email address		
Do you consent to us contacting your solicitor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has an Independent Children's Lawyer been appointed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent to us contacting the ICL?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### SERVICE REQUIRED

Why are you seeking Supported Changeover?		
Have you previously applied for/used another Children's Contact Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please provide details e.g. Service name, dates accessed, issues</i>		

Do you give permission for us to contact the Service/s?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How long have the current contact arrangements been in place?		
For how long do you expect the current contact schedule to remain in place?		
For how long to you expect to be involved with our Service?		
3 months <input type="checkbox"/>	6 months <input type="checkbox"/>	ongoing <input type="checkbox"/> not sure <input type="checkbox"/>
<b>CHANGEOVER SCHEDULE</b>		
<b>Frequency</b>		
Twice weekly <input type="checkbox"/>	weekly <input type="checkbox"/>	fortnightly <input type="checkbox"/> other <input type="checkbox"/>
Days & times required?		
Preferred / required start date?		
Is Changeover to occur at the Contact Centre (Dayboro)? If no, what is the preferred location/s?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any special arrangements during school holidays? Provide details below;		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child/ren have any illnesses, allergy, disability, fears, special needs or medical requirements? If yes, please provide details		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child/ren have any difficulty with separating from either parent? If yes, what strategies have you used for managing this?		Yes <input type="checkbox"/> No <input type="checkbox"/>

How will you prepare the child (ren) for Changeover?

Please provide information about how we may improve your child/ren's experience of changeover?

### ABOUT THE CHILDREN

Child's Name	Age	Date of Birth	Gender
			M <input type="checkbox"/> F <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>

Who does the child (ren) live with?

Person with Parental Responsibility for the child (ren)?

Mother

Father

Shared

Other

### OTHER PARENT'S DETAILS

Parent's name	
Address (if known)	
Parent's telephone contact details (if known)	
Parent's email contact details (if known)	
Name/contact of their legal representative (if known)	
Is any other person permitted to receive the child (ren)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details:

## ABOUT THE PARENTS

Do you or the other parent have a disability, special needs, or medical requirements we should know about? If yes, provide details

Yes  No

Are there any concerns relating to drugs or alcohol?

Yes  No

Concerns for personal safety?

## HISTORY OF VIOLENCE / POLICE INVOLVEMENT

Has there been a history of violence/abuse in parent's relationship?

Yes  No

*If no, go to next section*

If yes, please provide details of when did this occur?

(DD/MM/YY)

While you were together

Since separation

Current / ongoing

Please indicate the type of violence

Physical

Emotional

Verbal

Other

Were you or the other person seriously hurt?

Yes

No

Have you ever been stalked/threatened by the other party

Yes

No

Has a court ever made a restraining order (AVO/DVO/PPO) against you or the other party?

Yes

No

*If no, go to next section*

If yes, with respect to whom?

If yes, when? (DD/MM/YY)

Have the police ever been involved with you or the other party?

Yes

No

If yes, please indicate which police service

Please specify the location

Is there any information we should know about you or the other party for e.g. criminal charges? If yes, provide details;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other circumstances/concerns we should be aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Please provide any additional comments, information and/or list any attached documentation</i>		

<b>INTAKE &amp; ASSESSMENT</b>	
Which days and times would be most convenient for attending the Intake Interview?	
Have you paid the Intake & Assessment Fee? <i>If yes, please attach receipt or quote reference number</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, what is your preferred method of payment?	
Credit Card <input type="checkbox"/>	Internet Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> Payment Plan <input type="checkbox"/>
Would you like us to provide details about payment plan options?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>E.F.T Payment Details</i>	Account Name: <b>Kindred Connect</b> Account Number: <b>13-321-1696</b> BSB: <b>084-424 [NAB]</b>
<i>Please note: Applications are processed and intake interview appointments arranged, following receipt of payment.</i>	

To the best of my knowledge, the information provided is full and accurate and no relevant information has been knowingly withheld.

Sign: \_\_\_\_\_

if submitting by email, please check box

Date: \_\_\_\_\_