

OFFICE USE ONLY	
Date Application Received	
Date Registered	

## Services for Separated Families – Application Form

Incorporating Children's Contact Service (CCS) and Parent Orders Program (POP).

### PLEASE NOTE:

- ❖ The CCS requires a separate application form to be completed by each parent/carer
- ❖ All CCS applicants must enrol in and complete a Gordoncare post-separation parent group. This will be discussed at the Intake appointment
- ❖ Completed application forms should be mailed to Head Office, with your signature on page 8. Incomplete applications will not be processed.
- ❖ Please enclose all relevant documentation with your application form. This includes police charges, current Intervention Orders, psychiatric assessments, relevant psychological reports and current Court Orders.
- ❖ Any paperwork regarding pending police charges must be included with the application. If the service decides to conduct a police check this is at the cost of the client.
- ❖ Individual interviews need to be conducted with both parents/carers before the CCS can process your application.

### APPLICANT'S DETAILS

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (mob) \_\_\_\_\_

Relationship to Child/ren:       Mother                       Father                       Carer

Where does the child / children mostly reside: \_\_\_\_\_

### SERVICE REQUIRED

CHILDREN'S CONTACT SERVICE (CCS)

Changeover      OR       Facilitated Contact

Preferred CCS:

Frankston (CCS)       Cranbourne (CCS)       Mentone (Full Fee for Service)

Most **convenient** time to contact for **initial** phone interview is:  9-12am     12-3pm     3-5pm

PARENT ORDERS PROGRAM (POP)

Stand By Me-Post Separation Parenting Group       Individual Sessions–Parent & Child

Preferred POP Office:     Highett     Frankston     Cranbourne     Boronia

Referral Source (eg family court, solicitor etc) \_\_\_\_\_

Approximate commencement date of legal process: \_\_\_\_\_

Number of court appearances: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**RELEVANT DOCUMENTATION FOR YOUR APPLICATION**

Any of the following paperwork (except family report assessments) must be included with your application. Exclusion of the following documents may affect your application.

Please indicate any court, legal or psychiatric documentation that are current or have been completed in the last 12 months:

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Police charges- either current/pending or within the last 12 months | <input type="checkbox"/> Included |
| <input type="checkbox"/> Psychiatric or Psychological reports/assessments                    | <input type="checkbox"/> Included |
| <input type="checkbox"/> Family Court Report   |                                   |
| <input type="checkbox"/> Intervention Orders/Undertakings                                    | <input type="checkbox"/> Included |
| <input type="checkbox"/> Current Court Orders- Interim/Consent/Final                         | <input type="checkbox"/> Included |

- I have included all the above documentation requested with this application
- I have not included all the documentation requested. Please give reasons for excluding the documents: \_\_\_\_\_
- \_\_\_\_\_

**CURRENT INVOLVEMENT WITH OTHER SERVICES**

Please indicate if you or your family are currently accessing any of the following services with other organisations or professionals. Please note, consultations with relevant services will be required but your written consent will be obtained prior.

- |   |           |
|---|-----------|
| <input type="checkbox"/> <b>Children’s Contact Centre.</b> Name: _____          | Ph: _____ |
| <input type="checkbox"/> <b>Counselling.</b> Name of agency/professional. _____ | Ph: _____ |
| <input type="checkbox"/> <b>Psychologist.</b> Name: _____                       | Ph: _____ |
| <input type="checkbox"/> <b>Psychiatrist</b> Name: _____                        | Ph: _____ |

Please list any other Service involvement with you or your family:

Name of agency/professional: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**DEPARTMENT OF HUMAN SERVICES**

Has there been a Child Protection Notification?  Yes  No

Is there a current investigation/involvement?  Yes  No

Name of Protective Worker: \_\_\_\_\_

Office Involved: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments/Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL DETAILS**

If born in a country other than Australia, in what year did you arrive in Australia? \_\_\_\_\_

Languages spoken : (first) \_\_\_\_\_ (other) \_\_\_\_\_

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

Very Well     Well     Not Well     Not at all     Need an Interpreter

What is your ancestry, if other than Australian:  English     Italian     Chinese     Greek

Irish     German     Scottish. If other please specify: \_\_\_\_\_

**Indigenous status:**

Aboriginal     Torres Strait Islander     South Sea Islander     N/A

**Marital Status :**

Never Married     Married     Separated but not divorced     Divorced  
 De facto     De facto (separated)     Widowed     Other Relationship Status

**Do you currently have a partner?**

No     Yes – living together     Yes – not living together

**Confidentiality Needs. Please DO NOT:**     Leave messages     Ring work     Ring home

Reveal agency contact     Send mail     N/A

**Date of separation to child/children's other parent:** \_\_\_\_\_

**Family Situation.** My current living arrangements are:

In a relationship with children     In a relationship without children     Alone  
 In a one parent family     'Other' family (eg with grandparents, sibling/s/ extended family etc)  
 Share House     Other (eg nursing home, hostel etc)     Homeless/crisis accommodation

**Highest education level**

Never attended school     Primary     Year 10     Year 12     Tertiary – Degree

**Current Employment Status :**

Employed (includes self employed)     Unemployed (actively looking for a job)     Student  
 Not in the labour force (eg stay at home parent, volunteer, not looking for job etc)

**Current Family Income** (before deductions)

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

Do you receive Centrelink Income Support payments :  Yes  No

**Disability needs**

Intellectual  Physical  Wheelchair  Sensory  Literacy

Other. Please specify: \_\_\_\_\_

**Applicant's Legal Representative:**

Solicitor's Name: \_\_\_\_\_

Solicitor's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Independent Children's Lawyer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**OTHER PARENT/CARER APPLICANT'S DETAILS (IF KNOWN)**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (mob) \_\_\_\_\_

Relationship to Children:  Mother  Father  Carer

Are they the:  Lives with Parent  Spends time with  Significant other

Country of Birth: \_\_\_\_\_ Languages spoken: \_\_\_\_\_

**Other Parent/Carer's Legal Representative:**

Solicitor's Name: \_\_\_\_\_

Solicitor's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PREVIOUS APPLICATIONS**

I have previously applied to use a Children's Contact Service with another organisation

Please provide the name of the any previous Children's Contact Services: \_\_\_\_\_

\_\_\_\_\_

If the application was rejected or the service discontinued, please briefly state the reasons below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD/REN'S DETAILS**

<b>Name/s of Child/ren</b>	<b>Sex of child</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Country of Birth- if not Australia</b>	<b>Health Issues</b>
1.					
2.					
3.					
4.					
5.					

**Please include an additional page with details of any other children**

If any child was born outside Australia please indicate year/s of arrival: \_\_\_\_\_

**Main language spoken:** \_\_\_\_\_ **Preferred language:** \_\_\_\_\_

Interpreter for child/ren required:  Yes  No

**Please indicate if any child/ren are of Indigenous status:**

Aboriginal

Torres Strait Islander

South Sea Islander

**MANAGING YOUR PARENT ORDERS**

Please describe the current contact arrangements: \_\_\_\_\_

\_\_\_\_\_

Please outline current difficulties you are encountering in maintaining the contact arrangements.

\_\_\_\_\_

\_\_\_\_\_

What strategies have you used in attempting to resolve these difficulties? (eg. Family Dispute Resolution, court process etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To the best of your knowledge, do any of the following apply to you or your child/ren? For example, have you or your child/ren's other parent prior to or following separation experienced any unusual incidents? Eg/ receiving threatening or unnecessary telephone calls?** Please tick and give details regarding any concerns that may impact on your ability to participate in the program (i.e. people involved, details of incident, impact on children).

<b>Issue</b>	<b>Yes</b>	<b>No</b>	<b>Details</b>
Harassment/Assault of family members/others			
Stalking/following			
Substance abuse- alcohol, drugs			
Possession of fire arms			
Criminal charges/convictions			
Intervention Order/s			
General or psychiatric health illness/medication			
Disability			
Other: eg/ Unusual Incidents			

**The above information is true and correct:**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return your completed Application Form to:**

Attention: Confidential  
The Case Manager  
Services for Separated Families  
PO Box 19, HIGHETT VIC 3190  
**Head Office Number: 9555 1439**      **Fax: 9532 1608**

**What Happens Next?**

- A letter acknowledging receipt of your application will be mailed
- Your application will be placed on a waiting list according to service requested.
- If you require the CCS, **you will be contacted for an initial phone interview**
- On an available vacancy a letter offering an Intake Assessment appointment will be mailed

**PLEASE NOTE:**

- The Children's Contact Services require **both** parents' application forms to proceed with an intake interview.
- Services for Separated Families meet with all children aged 4 years and above. This is a requirement of the program. Parents are expected to support all children's involvement with Gordoncare.
- Children are not permitted to attend the parent's Intake Interview. Please ensure that you make other arrangements for child care during this interview.

**Please complete Consent Form on Page 8 of this form**

## 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 GordonCare for Children,**

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 GordonCare for Children 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

**\*\*\* PLEASE NOTE \*\*\***

**Information that is entered on FRSP Online is coded so as not to be identifiable.  
By consenting for us to enter data onto FRSP we CONTINUE to be funded and to provide services.**