

# 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.
4. 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.
5. Facilitated Changeovers occur on:

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 considered 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:

Meli Supervised Contact Services  
PO Box 324, North Geelong VIC 3215  
or  
email: [scs@meli.org.au](mailto:scs@meli.org.au)

1. SERVICE REQUESTED (Select which applies)			
<b>Children's Contact Service</b> (Partially Gov Funded)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Family Engagement Service</b> (Full Fee Paying)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Facilitated Changeover</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Supervised Contact</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. AVAILABILITY (Select all that apply)					
<b>Thursday</b> 10.30-2.30	<input type="checkbox"/> Yes	<b>Friday</b> 12.30-6.00	<input type="checkbox"/> Yes	<b>Saturday</b> 9.15-5.15	<input type="checkbox"/> Yes

3. PERSONAL DETAILS			
<b>Given Name</b>			<b>Surname</b>
<b>Address</b>			
<b>Suburb</b>		<b>Postcode</b>	
<b>Email</b>			
<b>Contact Number/s</b>			
<b>Date of Birth</b>		<b>Place of Birth</b>	
<b>Language Spoken</b>		<b>Interpreter Required</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Relationship to child/ren</b>			
<b>Do you Identify as?</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
<b>How do you describe yourself?</b>	<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"/> Bi sexual <input type="checkbox"/> Intersex <input type="checkbox"/> Transgender <input type="checkbox"/> Other (Optional) _____		
<b>Do you have a preferred pronoun?</b>	<input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> Them/Them <input type="checkbox"/> Other _____		
<b>Do you have any disability support needs?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, Specify</b>	
<b>Are you already linked in with another Meli program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, Specify the Program and Worker</b>	
<b>Assessed against Vulnerable Persons criteria</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, does the person consent to being registered</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there current Court Orders or Parenting Plans?</b> <i>If yes, please attach a copy</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is there a Family Violence Order or Intervention Order in place?</b> <i>If yes, please attach a copy</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is Child Protection currently involved with your family?</b> <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	
<b>Has Child Protection been involved previously with your family?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you hold a pension or health care card?</b> <i>If yes, please attach a copy</i>		<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. CHILD/REN'S LIVING ARRANGEMENTS**

Primarily reside with me	<input type="checkbox"/> Yes	Primarily reside with other parent	<input type="checkbox"/> Yes
--------------------------	------------------------------	------------------------------------	------------------------------

**6. 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	

**7. YOUR LEGAL REPRESENTATIVE DETAILS ARE**

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

**8. OTHER PARENT'S LEGAL REPRESENTATIVE DETAILS**

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

**9. INDEPENDENT CHILDREN'S LAWYER DETAILS**

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

**10. REASONS FOR APPLYING TO USE SUPERVISED CONTACT SERVICES\***

--

**DEMOGRAPHICS** *\*response required for all\**

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 ☐  
 Sensory/Speech ☐  
 Physical/Diverse ☐

**Are you homeless?**

Yes ☐ No ☐ At Risk ☐

**What is your household Composition?**

Single ☐  
 Sole Parent with Dependents ☐  
 Couple ☐  
 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** \_\_\_\_\_

Per Week ☐  
 Fortnight ☐  
 Month ☐  
 Year ☐

**Occupation** \_\_\_\_\_**Your country of birth** \_\_\_\_\_**If born overseas**

Year of Arrival \_\_\_\_\_  
 Visa Type  
 Humanitarian ☐  
 Family ☐  
 Skilled ☐  
 Other \_\_\_\_\_

**Are you a carer for Centrelink Purposes?**

Yes ☐ No ☐

**Are you eligible for NDIS?**

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