

## CCS Application Form

### Service Required

Please tick all that apply: Change Over  Supervised Visit  Virtual Visit

**Children's Contact Service requires Application Forms from both parents/carers to be completed before the application can be progressed on the waiting list.**

#### Details of Children for Contact:

FIRST NAME	FAMILY NAME	GENDER	DATE OF BIRTH

#### Applicant's Details:

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to child/ren: Mother  Father  Carer  Other

Where does the child/ren mostly reside? \_\_\_\_\_

Are you the parent/carer that the child/ren

Lives with  Spends time with  other

#### Other Parent / Party Details (if known):

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to child/ren: Mother  Father  Carer  Other

Are they the parent/carer that the child/ren

Lives with  Spends time with  Other

**Applicant's Legal Representation\*:**

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

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

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I give consent for CCS staff to speak to my nominated legal representative as required:

Yes  No

*\*Please note: inclusion of Legal representative's details will indicate consent for staff to speak to the lawyers about the case, unless clearly stated otherwise.*

**Independent Children's Lawyer (if appointed)\*:**

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

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

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I give consent for CCS staff to speak to the Independent Children's Lawyer as required:

Yes  No

*\*Please note: inclusion of ICL details will indicate consent for staff to speak to the lawyers about the case, unless clearly stated otherwise.*

**Other Services involved:**

Other services involved (support worker, caseworker, advocate, counsellors, etc.)

Name of worker: \_\_\_\_\_

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

Name of worker: \_\_\_\_\_

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

Name of worker: \_\_\_\_\_

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

I give consent for CCS staff to speak to the above nominated party as required:

Yes  No

**Previous Applications:**

Have you previously applied to use a Children's Contact Service (this organisation or other)

No  Yes  If yes, which one? \_\_\_\_\_

If the application was not accepted, please state the reasons why:

\_\_\_\_\_  
\_\_\_\_\_

**Current Parenting Arrangements:**

When was the last contact with your child/ren? \_\_\_\_\_

How often does contact occur (e.g. weekly, fortnightly, monthly, other)?

\_\_\_\_\_

Where has contact been occurring? \_\_\_\_\_

Is the contact supervised? No  Yes  If yes, by whom? \_\_\_\_\_

Who referred you to the Children's Contact Service? \_\_\_\_\_

Are there any Parenting Orders / Family Court Orders / Federal Magistrate's Court Orders?

No  Yes  If yes, please attach copy of documents



When is the next court hearing? \_\_\_\_\_

Court appearance to date: \_\_\_\_\_

Is there a current Intervention Order / Family Violence Order in place?

No  Yes  If yes, please attach copy of documents



**Personal Details:**

**Please note, that the Personal Details and subsequent Family Support Program Data Collection System Client Consent sections are required to be completed in order to progress the Application, although you are not required to provide consent to access the Children’s Contact Service. Please read the attached Family Support Program Data Collection Information Sheet for further information before proceeding.**

Gender: Male  Female  Other

Are you of Aboriginal or Torres Strait Islander origin?

No  Aboriginal  Torres Strait Islander  Both

Country of Birth: \_\_\_\_\_

What is the main language you speak at home?

English  Arabic  Cantonese  Greek   
 Italian  Mandarin  Vietnamese  Other  \_\_\_\_\_

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

Very well  Well  Not very well  Not at all

**Current Marital Status:**

Single or never married  De Facto  Widowed  Other relationship

De Facto separated  Date of separation: \_\_\_\_\_

Separated but not divorced  Date of separation: \_\_\_\_\_

Divorced  Date of divorce: \_\_\_\_\_

**Highest Education Level Completed:**

Primary  Secondary – Year 10  Secondary – Year 12

Tertiary (University or other)  Never attended school

**Current Employment Status:**

Employed – including self-employed  Unemployed – actively looking for a job

Not in paid labour (e.g. stay at home parent, volunteer, student, retired)

**Current Family Gross Income:**

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

Do you receive Centrelink Support Payments? No  Yes

**Details of Child/ren to Use the Children’s Contact Service:**

**CHILD 1** (if there are more than 2 children, please attach additional pages or request additional pages for child 3+)

Name: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Main Language Spoken: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

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

Is he/she of Aboriginal or Torres Strait Islander origin?

No  Aboriginal  Torres Strait Islander  Both

Does he/she attend?

Child Care  Kindergarten  Primary School  High School

Grade (if applicable): \_\_\_\_\_

Name of where he/she is attending: \_\_\_\_\_

**Does he/she have any health issues that we need to be aware of?**

HEALTH MATTERS	NO	YES	DETAILS
Toilet Trained			
Epilepsy			

Asthma			
Allergies			
Hearing Problems			
Sight / Glasses			
Medications			
Tetanus / Other Immunisations			
Other – please specify			

**Does he/she have any behavioural issues / disability / special needs?**

HEALTH MATTERS	NO	YES	DETAILS
Autism			
Asperger's Syndrome			
Developmental Delay			
Speech Difficulty			
Physical Disability			
Intellectual Disability			
Attention Deficit Hyperactivity Disorder			
Other – please specify			

**CHILD 2** (if there are more than 2 children, please attach additional pages or request additional pages for child 3+)

Name: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Main Language Spoken: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

If born in a country other than Australia, in what year did he/she arrive in Australia?

\_\_\_\_\_

Is he/she of Aboriginal or Torres Strait Islander origin?

No  Aboriginal  Torres Strait Islander  Both

Does he/she attend?

Child Care  Kindergarten  Primary School  High School

Grade (if applicable): \_\_\_\_\_

Name of where he/she is attending: \_\_\_\_\_

**Does he/she have any health issues that we need to be aware of?**

HEALTH MATTERS	NO	YES	DETAILS
Toilet Trained			
Epilepsy			
Asthma			
Allergies			
Hearing Problems			
Sight / Glasses			
Medications			
Tetanus / Other Immunisations			
Other – please specify			

**Does he/she have any behavioural issues / disability / special needs?**

HEALTH MATTERS	NO	YES	DETAILS
Autism			
Asperger's Syndrome			
Developmental Delay			
Speech Difficulty			
Physical Disability			

Intellectual Disability			
Attention Deficit Hyperactivity Disorder			
Other – please specify			

**Significant others in the Child/ren’s Life:**

**Adults** (not already mentioned in the Application)

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

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

Phone: \_\_\_\_\_ Relationship to child/ren: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relationship to child/ren: \_\_\_\_\_

**Other Child/ren** (not already mentioned in the Application)

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

Relationship to child/ren: \_\_\_\_\_

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

Relationship to child/ren: \_\_\_\_\_

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

Relationship to child/ren: \_\_\_\_\_

**Involvement with the Department of Health and Human Services (DHHS):**

Has there been a Child FIRST Notification?      No     Yes

Is there a current Child Protection involvement?      No     Yes

If yes, please state the name of the Protective Worker: \_\_\_\_\_



Office involved: \_\_\_\_\_ Phone: \_\_\_\_\_

Please state and the outcome: \_\_\_\_\_

**Preferred site and schedules:**

Comm Unity Plus operates two CCS services, one at Deer Park and one in Brunswick West. Allocation to either site will be determined upon receipt of both parent's applications and following an assessment by CCS intake staff. Please indicate a preferred site to assist with this process:

Brunswick West

Deer Park

Either

Please note that the Children's Contact Service operates on strict time schedules and is by appointment only. Whilst every effort will be made to offer you a placement according to your preference, this is not always possible.

Is there any other information that we should be aware of in relation to you, the other parent, and/or your child/ren attending the Children's Contact Service?

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The above information is true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that the submission of a typed signature is my own and that I understand that this will be accepted as a verified signature.

I have included a photo or copy of my photo ID (driver's licence or passport).

Please note:

- Completed Applications should either be posted, emailed or faxed (details on back of Application).
- Please attach all relevant/current documentation with your Application (Include current Court and Intervention Orders,).
- Upon receipt of both Applications, you will be required to attend a mandatory intake / assessment interview.
- Updated/relevant information regarding contact details or any other changes will need to be provided to the Children's Contact Service.

**Acknowledgement and Consent:**

I, \_\_\_\_\_, acknowledge that I have read and understood the information outlined below.

YES  NO

I, \_\_\_\_\_, acknowledge that I have read and understand the 'Family Support Program Client Data Collection – Information Sheet for Clients' that has been provided to me.

YES  NO

I consent to the collection of my information by **commUnity+** in the attached form and it being disclosed to DSS and/or AGD for the purposes outlined in this form.

YES  NO

I consent to **commUnity+** contacting and receiving information from my lawyer for all matters regarding this case.

YES  NO

I understand that I can withdraw my consent at any time.

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

## Family Support Program Client Data Collection – Information Sheet for Clients

### What is client data?

Client data refers to information that is collected by Family Support Program (FSP) service providers about the clients accessing their services. This information is a combination of client details such as age, gender and Indigenous status, as well as the type of service provided to each client.

This information is entered into the FSP Data System which is a secure, online database used by all FSP service providers and for which the Department of Social Services is responsible.

### How is client data used?

Information stored in the FSP Data System is used by Department of Social Services (DSS) and/or Attorney-General's Department (AGD) to assess the FSP's effectiveness in providing support to families and children in Australia.

It does this by providing valuable information on the following:

- The numbers of individuals, families and children using FSP services.
- The reasons which lead people to access FSP services.
- The demographics of people accessing FSP services, such as age and gender.
- The types of services provided that respond to the needs of individuals and families.
- The client outcomes achieved as a result of participating in FSP services.

### Privacy:

All data entered into the FSP Data System is used for reporting on the effectiveness of the FSP in providing support. Once entered, a unique code is generated to de-identify your information when displayed to DSS and/or AGD. Individuals and families will not be identified in any report or publication. While client names are collected by service providers for their own record keeping purposes, no names are used in any reports or publications.

DSS, AGD and all FSP service providers are bound to protect the privacy of individuals under the Privacy Act 1988 (Commonwealth). This information will not be provided to a third party (outside DSS and AGD) unless required or authorized by law, for example, to protect someone from harm.

### Consent:

No information on a client will be recorded in the FSP Data System without first gaining the client's consent. Client consent is completely voluntary and can be withdrawn at any time. Withdrawal of consent means that no future information will be recorded in the FSP Data System after the client's consent has been withdrawn.

### Privacy complaints and access and correction of personal information:

Clients should contact their FSP service provider for information on how they can access their personal information and, where necessary, seek correction of that information.

Clients can also contact their FSP service provider for information about how they can complain about a breach of their privacy.

### **Contact information for privacy matters:**

Your FSP service provider, **commUnity+** can be contacted using the following details  
Children's Contact Service

822 Ballarat Road  
Deer Park VIC  
Phone: (03) 7379 0111  
Email: family@comm\_unityplus.org.au

### **Family Support Program Data Collection System Client Consent:**

The Australian Government provides funding to **commUnity+** (VIC) Ltd. under the Family Support Program through the Department of Social Services (DSS) and/or the Attorney-General's Department (AGD).

As part of the services provided to you by **commUnity+** we need to collect some information about you to assist DSS and/or AGD in assessing the Family Support Program's (FSP) effectiveness in providing support. To assist this process **commUnity+** will enter this information into the FSP Data System for reporting on the effectiveness of FSP. Once your information is entered in the FSP Data System, your first and last name will be replaced with a unique code that will de-identify your information, when displayed to DSS and/or AGD.

DSS and AGD are bound to protect the privacy of individuals under the Privacy Act 1988 (Commonwealth), and **commUnity+** has signed a legal agreement to comply with the same rules. Your information will not be provided to a third party (outside DSS and AGD) unless required or authorised by law, for example, to protect someone from harm.

In order for you to make a decision about whether you will provide consent, please note:

- The reasons for collecting your information set out above and details about how that information will be used;
- That your information is kept securely and only used by people who need the information;
- That your information will be entered into the FSP Data System;
- That your information will be de-identified when displayed to DSS and/or AGD;
- That your information will not be identified in any report or publication; and
- That your information will not be further disclosed unless authorised or required by law.

Your involvement in providing this information is completely voluntary.

**PLEASE NOTE THE CHILDREN'S CONTACT SERVICE HOURS OF OPERATION  
PLEASE CONSULT WITH THE SERVICE PRIOR TO MAKING AGREEMENTS REGARDING DAYS  
AND TIMES FOR CONTACT**

Please return the Application ensuring copies of relevant documentation are attached



Post: Children's Contact Service  
**commUnity+**  
822 Ballarat Road  
DEER PARK VIC 3023

Email: family@comm-unityplus.org.au  
Hope you are well.

I'm writing to you today to request a photo of yourself to be used for our Outlook emails and Staff Intranet Profiles. Could you please send me a portrait photo of yourself with a white background as soon as possible?

The organisation is aiming to utilise these images to gain a better connection with not only each department but with our remote working conditions right now. Please note, all staff will need to be visually represented through a photo (external contacts cannot see the photos).

I hope to hear from you soon, thank you.

Phone Enquiries: (03) 7379 0111

Office Hours: Wednesday – Thursday 10:30am – 6:30pm  
Friday 1:00pm – 6:30pm

The Children's Contact Service is required by the Department of Health and Human Services (DHHS) to collect a fee from both parties.

Information and Referral	Fee (GST Inc)	Party Responsible to Pay
Assessment and intake	\$5 (voluntary payment)	Each party during Intake Interview
Change Over	\$10.00	Both parties each time service is used
Supervised Visit	\$15.00	Both parties each time service is used

You may make an Application for Waiver / Reduction in Fees to the Manager for consideration in circumstances of hardship.

### **What happens next?**

Children's Contact Service requires Application Forms from both parents/carers to be completed before the application can be progressed on the waiting list.

Upon receipt of both Applications, you will be required to attend a mandatory intake / assessment interview.

At the interview, additional information will be required to sign a 'Service Agreement' form. In signing the Agreement, you will be agreeing to the terms and conditions set out for use of the Children's Contact Service.

Thank you for your interest in using the Children's Contact Service. The information you have provided has assisted us in the initial assessment of your Application.