# INTAKE FORM

An intake form is to be completed by each parent and returned prior to the commencement of contact service.
Please fill out this form and return it to contact@supervisedservices.com.au

**Applicant full name**

Phone

Email

Address

Post code

State

**Child name (1)**

Date of Birth

Child name (2)

Date of Birth

Child name (3)

Date of Birth

Child name (4)

Date of Birth

Child name (5)

Date of Birth

Child name (6)

Date of Birth

**Relationship of Applicant to Child(ren)**

Mother ☐ Father ☐

Other (please specify)

**Ethnicity & language other than english**

Ethnicity

Language spoken other than English

Do you speak English? Yes ☐ No ☐

Do you require an interpreter Yes ☐ No ☐

If YES, specify type of interpreter required

**Employment status: Please indicate**

Full time ☐ Part time ☐ Casual ☐

Pensioner/Centrelink ☐ Self employed ☐

Other

**Are you aboriginal or Torres Straight Islander Origin**

No ☐

Yes Aboriginal ☐

Yes Torres Straight Islander ☐

Prefer not to answer ☐

**Do you have a disability?**

Yes ☐ No ☐

If YES, Please specify

Do you need someone to help you with or be with you for certain activities (eg. Body movement activities)

Yes ☐ No ☐

If YES, Please specify

**Legal Representation**

Name of Solicitor

Name of Law Firm

Postal Address

Phone

Email

**Other parent/carer full name**

Address

Phone

Email

Post code

State

**Relationship to Child(ren)**

Mother ☐ Father ☐

Other (please specify)

**Other parent/carer Legal Representation**

Name of Solicitor

Name of Law Firm

Postal Address

Phone

Email

**Has the child(ren) been the subject of child protection involvement by a state welfare authority?**

Yes ☐ No ☐

If YES, please list reasons for child protection involvement

Is there a current child protection involvement by a state child welfare authority?

Yes ☐ No ☐

If YES, please provide Child Protection practitioners details

Name of Law Firm

Postal Address

Phone

Email

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge. I understand that payment for services must be ma
Supervised Services at least 24 hours prior to the scheduled session. If payment is not received within the required timeframe, I
understand that my session may be cancelled.

**Signature***

**Date**

Account name: Supervised Services

BSB: 013 352

Account number: 813688228

**Child Information**

Number of children to be supervised for contact

**Child 1**

Name of Child 1

Date of Birth

Age

Gender

Ethnicity

Language spoken other than English

Address

Is an interpreter required? If so, what language?

Post code

State

Does the other parent/carer speak English?

Does the child have a disability? if so, please specify.

**Is Child 1 Aboriginal or Torress Straight Islander?**

No ☐

Yes Aboriginal ☐

Yes Torres Straight Islander ☐

Prefer not to answer ☐

**Child's Legal Representation**

Name of Solicitor

Name of Law Firm

Postal Address

Phone

Email

Has Child 1 been the subject of child protection involvement by a state welfare authority? Yes ☐ No ☐

Is there current child protection involvement by a state child welfare authority? Yes ☐ No ☐

If YES, please list reasons for child protection involvement

**Parenting Arrangements**

Are there any interim or final parenting orders? **If Yes, please attach a copy of existing parenting orders to your application.** Yes ☐ No ☐

Who does the child live with?

What are your current arrangements for time with the child(ren)?

When was the last time you had contact with the child(ren)?

**Medical Information**

Does the child take any prescribed medication? Yes ☐ No ☐

If YES, please specify type and frequency of medication.

Will the medication be required during the supervised contact? Yes ☐ No ☐

What arrangements have been made for the supervised parent to administer the medication?

**Please note that the supervisor is not responsible for administering medication. Arrangements for medication must be made between the parents before contact occurs and must be documented by a legal representative of either parent.**

**Child 2**

Name of Child 2

Date of Birth

Age

Gender

Ethnicity

Language spoken other than English

Address

Is an interpreter required? If so, what language?

Post code

State

Does the other parent/carer speak English?

**Is Child 2 Aboriginal or Torress Straight Islander?**

Does the child have a disability? if so, please specify.

No ☐

Yes Aboriginal ☐

Yes Torres Straight Islander ☐

Prefer not to answer ☐

**Child's Legal Representation**

Name of Solicitor

Name of Law Firm

Postal Address

Phone

Email

Has Child 2 been the subject of child protection involvement by a state welfare authority? Yes ☐ No ☐

Is there current child protection involvement by a state child welfare authority? Yes ☐ No ☐

If YES, please list reasons for child protection involvement

**Parenting Arrangements**

Are there any interim or final parenting orders? **If Yes, please attach a copy of existing parenting orders to your application.** Yes ☐ No ☐

Who does the child live with?

What are your current arrangements for time with the child(ren)?

When was the last time you had contact with the child(ren)?

**Medical Information**

Does the child take any prescribed medication? Yes ☐ No ☐

If YES, please specify type and frequency of medication

Will the medication be required during the supervised contact? Yes ☐ No ☐

What arrangements have been made for the supervised parent to administer the medication?

**Please note that the supervisor is not responsible for administering medication. Arrangements for medication must be made between the parents before contact occurs and is required to be documented by a legal representative of either parent.**

If there are more than two children, please attach extra pages answering the questions above for each child.

**Please provide copies of current court orders including handwritten minutes**

Parenting orders

Intervention orders

Children's court orders

Corrections orders

Indicate date of when service is required to commence?

Have you previously used any other supervision/contact agency? Yes ☐ No ☐

If YES,

Name of Agency

Phone

Email

Reason for change of Agency

**Current and Historical History of Concerns**
Please indicate if the child(ren), parents or carer has been at risk of harm due to one or more of the following risk factors.

| | | | |
|---|---|---|---|
| Family Violence | Yes ☐ | No ☐ | Unknown ☐ |
| Stalking Behaviour | Yes ☐ | No ☐ | Unknown ☐ |
| Mental Health | Yes ☐ | No ☐ | Unknown ☐ |
| Substance Abuse (alcohol and/or Drugs) | Yes ☐ | No ☐ | Unknown ☐ |
| Access to or Possession of Firearms | Yes ☐ | No ☐ | Unknown ☐ |
| Assault of Family Members | Yes ☐ | No ☐ | Unknown ☐ |
| Criminal Charges/Convictions | Yes ☐ | No ☐ | Unknown ☐ |
| Intervention Orders | Yes ☐ | No ☐ | Unknown ☐ |
| Breached Court Orders | Yes ☐ | No ☐ | Unknown ☐ |

**If you have answered yes to any of the above, please provide further details.**
Please include facts, incident, date, persons involved and if the concern was reported to an external authority.

**Service Understanding Acknowledgement**

Please read and confirm the following:

- [ ] I understand that supervised sessions have rules and safety requirements that I must follow.
- [ ] I understand I must follow Court Orders and directions given by Supervised Services staff.
- [ ] I understand I must not attend under the influence of drugs or alcohol.
- [ ] I understand I must not behave aggressively, threaten others, or make anyone feel unsafe.
- [ ] I understand I cannot bring additional people to sessions unless approval has been provided by all parties and submitted to Supervised Services in writing by legal representatives or all parties involved.
- [ ] I understand sessions may be stopped, paused, or cancelled where safety concerns arise for a child, supervisor, parent, or any other individual involved in the service.. Safety concerns may include behaviour that is considered unsafe, aggressive, threatening, inappropriate, or in breach of Supervised Services requirements.
- [ ] I understand that if a supervisor determines that a session must end due to safety concerns, I must follow the supervisor's directions immediately and leave the location as instructed, even if I do not agree with the decision made at the time. If I have concerns regarding the decision, I understand I may submit a formal complaint to Supervised Services for review and investigation through the complaints process.
- [ ] I understand that where a session is cancelled or terminated due to safety concerns, breaches of service requirements, or conduct that places individuals at risk, a refund will not be provided for that session.
- [ ] I understand that payment for my scheduled visit/session must be received at least 24 hours prior to the session time. If payment is not received before the required deadline, I understand my session may be automatically cancelled and may require rebooking.
- [ ] **I confirm that I have received, read, understood, and agree to comply with the Supervised Services Terms and Conditions provided as part of my Intake Form and service documentation.**

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge. I agree that I will pay the costs into Supervised Service's bank account 24 hours prior to the Session.

**Signature** **Date**