

Admin use only: Date Rcvd: \_\_\_/\_\_\_/\_\_\_  
SMS /Acknowledgement SENT ON \_\_\_/\_\_\_/\_\_\_  
Service file: \_\_\_\_\_



SOUTH  
AUSTRALIA

## Children's Contact Service - Application Form

**Please note: The Children's Contact Service (CCS) will only accept an application form for one site at a given time.** To receive a service, you need to complete this application form. A separate application form must be submitted by each applicant. **(Please tick below which service is required and a site).**

**Service required:**     Changeover             Supervised Time             Playgroup

**Site:**

|  |                              |
|--|------------------------------|
| <input type="checkbox"/> Hindmarsh (Western CCS)             | (Relationships Australia SA) |
| <input type="checkbox"/> Campbelltown/Paradise (Eastern CCS) | (Relationships Australia SA) |
| <input type="checkbox"/> Elizabeth (Northern CCS)            | (Relationships Australia SA) |
| <input type="checkbox"/> Berri (Regional Riverland)          | (Relationships Australia SA) |
| <input type="checkbox"/> Noarlunga (Southern)                | (Anglicare SA)               |
| <input type="checkbox"/> Mount Barker (Hills)                | (Anglicare SA)               |
| <input type="checkbox"/> Whyalla (Regional North)            | (Uniting Country SA)         |
| <input type="checkbox"/> Port Augusta (Regional North)       | (Uniting Country SA)         |
| <input type="checkbox"/> Mount Gambier (Regional South East) | (ac.care)                    |
| <input type="checkbox"/> Millicent (Regional South East)     | (ac.care)                    |

### APPLICANT'S DETAILS

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

**Postal address:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

**Residential address** (if different to above): \_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Contact phone number/s:** \_\_\_\_\_

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

Can we use this email address to send correspondence? Yes / No    Do you have a printer? Yes / No

**Relationship to child/ren:**     Mother             Father            Other: \_\_\_\_\_

**Indigenous Status:**     Aboriginal     Torres Strait Islander

**With whom does the child/ren mostly reside:** \_\_\_\_\_

Has a Court ordered you to use a Children's Contact Service? **Yes**  **No**

Do you have a Court Order? **Yes**  (please supply a copy) **No**

Do you have a 'Heads of Agreement'? **Yes**  (please supply a copy) **No**

Do you have a 'Parenting Plan'? **Yes**  (please supply a copy) **No**

Do you have an Intervention Order? **Yes**  (please supply a copy) **No**

**Do you require an Interpreter?** **Yes**  **No**

**Language spoken:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

**OTHER APPLICANT'S DETAILS (The other person required to register)**

**Name:** \_\_\_\_\_ **D.O.B (If known):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Suburb :** \_\_\_\_\_

**Relationship to children:**  Mother  Father Other: \_\_\_\_\_

**Legal Representative:** Are you currently legally represented?  **Yes**  **No**

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

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

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

**Has an Independent Children's Lawyer been appointed?**  **Yes**  **No**

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

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

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

**Previous Applications:**

**Have you previously applied to use a Children's Contact Service?**  **Yes**  **No**

**If yes,** please provide the name of any previous Children's Contact Services and approximately how long ago you applied?

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

Have you ever had an application rejected or service withdrawn by a Children's contact Service?

**Yes**  **No**

**Current involvement with other services:**

Please indicate if you or your child/ren are currently accessing any of the following services with other organisations or professionals.

**\*\*Please note consultation with relevant services may be required but not without your written consent.**

- Counselling** Name: \_\_\_\_\_ Ph: \_\_\_\_\_
- Psychologist** Name: \_\_\_\_\_ Ph: \_\_\_\_\_
- Psychiatrist** Name: \_\_\_\_\_ Ph: \_\_\_\_\_
- Other Service** Name: \_\_\_\_\_ Ph: \_\_\_\_\_

**Department of Child Protection:**

Has there been a Child Protection Notification?  Yes  No

Is there a current investigation/involvement?  Yes  No

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

Office Involved: \_\_\_\_\_ Ph: \_\_\_\_\_

**CHILD/REN'S DETAILS**

**Child 1**

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

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Indigenous Status:  Aboriginal  Torres Strait Islander

**Child 2**

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

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Indigenous Status:  Aboriginal  Torres Strait Islander

**Child 3**

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

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Indigenous Status:  Aboriginal  Torres Strait Islander

**Child 4**

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

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Indigenous Status:  Aboriginal  Torres Strait Islander

**Child 5**

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

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Indigenous Status:  Aboriginal  Torres Strait Islander

Have you spent regular time with your child(ren) in the past six months?  Yes  No

If no, when was the last time you had regular contact?

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Are you a current holder of a Government Concession Card? Yes  No

Type of Card \_\_\_\_\_ Expiry Date\* \_\_\_\_\_

\*You will be required to present your concession card at your intake appointment.

**Acknowledgement and Consent**

The information I have provided is true and correct and I have read, "**What happens next**" (enclosed).

I consent to receiving SMS messages from the Children's Contact Service to acknowledge the receipt of my Application and to confirm appointments.  Yes  No

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

Please submit your application to the relevant office:

**Relationships Australia SA:**

|   |   |   |
|---|---|---|
| <b>Hindmarsh/Campelltown CCS</b><br>49a Orsmond Street<br>HINDMARSH SA 5007 | <b>Northern CCS</b><br>PO Box 444<br>ELIZABETH SA 5112                  | <b>Riverland CCS</b><br>PO Box 317<br>BERRI SA 5343               |
| E: <a href="mailto:ccs@rasa.org.au">ccs@rasa.org.au</a>                     | E: <a href="mailto:ccsnorthern@rasa.org.au">ccsnorthern@rasa.org.au</a> | E: <a href="mailto:ccsberri@rasa.org.au">ccsberri@rasa.org.au</a> |
| T: 8245 8100 / 8223 4566  | T: 8255 3323  | T: 8582 4122  |
| F: 8346 7333  | F: 8255 7753  | F: 8582 4152  |

**AnglicareSA:**

|   |   |
|---|---|
| <b>Noarlunga CCS</b><br>111 Beach Rd, Christies Beach SA 5165         | <b>Mount Barker CCS</b><br>111 Beach Rd, Christies Beach SA 5165      |
| E: <a href="mailto:ccs@anglicaresa.com.au">ccs@anglicaresa.com.au</a> | E: <a href="mailto:ccs@anglicaresa.com.au">ccs@anglicaresa.com.au</a> |
| T: 8392 3180  | T: 8392 3180  |
| Online Application – <a href="#">click here</a>                       | Online Application – <a href="#">click here</a>                       |

**Uniting Country SA:**

|   |  |
|---|--|
| <b>Whyalla CCS</b><br>22 McRitchie Crescent, Whyalla Stuart,<br>SA 5608 or P.O Box 2104, Whyalla Norrie,<br>SA 5608 | <b>Port Augusta CCS</b><br>22 McRitchie Crescent, Whyalla Stuart,<br>SA 5608 or P.O Box 2104, Whyalla Norrie,<br>SA 5608 |
| E: <a href="mailto:ccs@ucsa.org.au">ccs@ucsa.org.au</a>   | E: <a href="mailto:ccs@ucsa.org.au">ccs@ucsa.org.au</a>  |
| T: 8649 0800  | T: 8649 0800   |

**ac.care:**

|   |   |
|---|---|
| <b>Mount Gambier CCS</b>  | <b>Millicent CCS</b>  |
| E: <a href="mailto:reception-frc@accare.org.au">reception-frc@accare.org.au</a> | E: <a href="mailto:reception-frc@accare.org.au">reception-frc@accare.org.au</a> |
| T: 8721 3500  | T: 8721 3500  |