



VILLAGE
KIDS

VILLAGE KIDS

FAMILY TIME APPLICATION FORM

Village Kids provides services that support children to have quality time with the parent they spend time with (do not reside with) and other significant people. To assist us with this we ask that you complete the following pages with as much detail as possible. Please note that the details of this form are not confidential (aside from addresses / contact details) and we may discuss discrepancies between applications with each parent.

We ask that you ensure that when returning your application pack all supporting documentation including current orders are included. Where specific dates and times are identified, we will do our best to accommodate these arrangements. If we are unable to do so, but still able to offer a service, we will forward you a proposal of times and dates to be reviewed and approved by both parents. For details of service types please review the Village Kids Family Time Brochure.

Please send a copy of photographic ID and completed applications with supporting documents including final or interim orders to admin@villagekidsccs.com.au

APPLICATION DATE

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YOUR CHILD

Name of your child	
Date of birth	
Does your child speak English?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Name of your child	
Date of birth	
Does your child speak English?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Name of your child	
Date of birth	
Does your child speak English?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Signature:

YOUR DETAILS

Name of Lives with Parent (LWP)	
Name of Spends Time with Parent (STWP)	

Name of the person completing this form	
Date of birth	
Country of birth	
Do you identify as Aboriginal?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you identify as Torres Strait Islander?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you fluent in English?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Is your address to be kept private for safety reasons?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Residential address	
Postal address or as above	
Mobile number	
Alternative contact number	
Email address	
Vehicle make, model, colour and registration	

YOUR EMERGENCY CONTACT DETAILS

Name of your emergency contact	
Mobile number	
Alternative contact number	

Signature:

YOUR SOLICITOR'S DETAILS

Name of your Solicitor	
Solicitor's business name	
Contact number	
Email address	
Should your lawyer receive a copy of the reports	YES <input type="checkbox"/> NO <input type="checkbox"/>

REASON SUPERVISION/SUPPORT IS NEEDED

Please detail the reason(s) supervision/support is required

Alleged or known controlling or abusive behaviour between parents or from one parent to another	YES <input type="checkbox"/> NO <input type="checkbox"/>
Alleged or known stalking and/or intimidation from a parent	YES <input type="checkbox"/> NO <input type="checkbox"/>
Alleged or known violence between parents or from one parent to another	YES <input type="checkbox"/> NO <input type="checkbox"/>
Alleged or known abuse or violence from parent towards a child /young person contact is to take place with	YES <input type="checkbox"/> NO <input type="checkbox"/>
Alleged or confirmed sexual abuse of a child from a parent	YES <input type="checkbox"/> NO <input type="checkbox"/>
Drug and/or alcohol use	YES <input type="checkbox"/> NO <input type="checkbox"/>
Worries about mental health of a parent or child?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Refusal to return children to LWP	YES <input type="checkbox"/> NO <input type="checkbox"/>
Threat to take children / Prior abduction of child/children	YES <input type="checkbox"/> NO <input type="checkbox"/>
Child/children state they are not comfortable with contact	YES <input type="checkbox"/> NO <input type="checkbox"/>
Current or historical child protection or criminal proceedings or orders related to these matters?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Signature:

Is either parent in possession of firearms and/or ever been charged with weapons related offences?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has a parent taken or threatened to take and not return a child?	YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER REASONS	Please provide details:

ORDERS AND ATTEMPTS TO RESOLVE DISPUTES

<p>Please list all orders, interim orders, plans in place, for example:</p> <ul style="list-style-type: none"> • Apprehended Domestic Violence Orders • Apprehended Violence Orders • Family Law <p>Please remember to include a copy of all documents.</p>	Please provide details:
Have you attempted mediation or alternative dispute resolutions?	Please provide details:

Signature:

INDEPENDENT CHILDRENS LAWYER DETAILS

Name of Independent Children's Lawyer	
ICL's business name	
Contact number	
Email address	

DETAILS OF SERVICE BEING REQUESTED

Have you previously been with another Children's Contact Service? If yes, please state the reason for leaving the service.	Please provide details:
<p>The service being requested is:</p> <ul style="list-style-type: none"> • Supervised Family Time/Contact • Supported Family Time / Contact • Supervised Changeovers <p>Please note that Family Time at a Residential Address is only available after a period of successful Supervised Family Time/Support Family Time episodes, additional checks including a Police Check and agreement by both parents.</p>	Please provide details:
If you are making an application for Supported Family Contact please indicate the level of support/supervision required. Please consider the questions asked and also include any other limitations that are agreed.	<p>Is it agreed that STWP can take the children to the toilet/changeroom without supervision?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is it agreed that STWP can have unmonitored conversations with the children?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Signature:

	<p>Is it agreed that STWP can leave the designated Family Time location to attend another venue. For example, walk from a park to a local café or shopping centre or nearby attraction?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is it agreed that the STWP can take the children swimming or on rides where they cannot be directly monitored by the Family Time Facilitator?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Other limitations or agreed allowances.	Please provide details:
Additional supports are available to you and your family where the STWP has limited parenting experience, is differently abled and the parent/child experience would benefit from practical support or where, for cultural reasons, the STWP is unable to carry out specific parenting tasks. Please provide us with the details of the additional supports you may need.	Please provide details:

Signature:

<p>Can you be flexible with the days and times? If so please detail the required number of visits and duration (for example, 4 x 3 hour visits per fortnight) and any days that are not suitable given your availability and the availability of the child/children.</p>	<p>Please provide details:</p>
<p>Requested outdoor / fine weather family time locations. PLEASE PROVIDE AT LEAST TWO</p>	<p>Requested indoor / wet weather family time locations. PLEASE PROVIDE AT LEAST TWO</p>
<p>How would you like the transfer of children to take place:</p> <p>No contact with the other parent (LWP drops child to Facilitator then leaves. STWP arrives 10 minutes later and vice versa on departure)</p> <p>Direct exchange with Family Time Supervisor Present?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Are there locations that are to be avoided for Family Time? Please provide location details.</p>	

Signature:

DAYS/HOURS REQUESTED

DAY	Monday	Tuesday	Wednesday	Thursday	Friday
TIME					

DAY	Saturday	Sunday
TIME		

ASIDE FROM STWP WHO IS ALLOWED TO ATTEND FAMILY TIME?

Please note that all adults listed will be required to sign the Conditions of Family Time form. Any changes to the details below need to be made **in writing** to Village Kids and confirmed with both parents.

Name of other adult who may attend	
Relationship to child/children	
Mobile number	

Name of other adult who may attend	
Relationship to child/children	
Mobile number	

Name of other adult who may attend	
Relationship to child/children	
Mobile number	

Name of other adult who may attend	
Relationship to child/children	
Mobile number	

Signature:

ASIDE FROM LWP WHO IS THE FAMILY TIME FACILITATOR PERMITTED TO HAND CHILDREN BACK OVER TO?

Name of other adult the children can be returned to after Family Time is over	
Relationship to child/children	
Mobile number	
Alternative contact number	
Email address	

Name of other adult the children can be returned to after Family Time is over	
Relationship to child/children	
Mobile number	
Alternative contact number	
Email address	

TRANSPORT REQUIREMENTS

If the LWP and STWP are not willing or able to transport children to and from the Family Time location or there are concerns that it may be unsafe for the parents to be aware of each other's locations at any given time, Village Kids staff can collect children and transport them to and from the Family Time location.

Will your child/children need to be transported by Village Kids?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Signature:

FAMILY TIME PAYMENT DETAILS

Payments can be split across parents. Administrative costs will be split according to the below except in cases where the specific tasks are resultant from one parent's requests. In this case Village Kids will invoice the parent requesting the work for the full amount.

Name of person responsible for payment	
Percentage of cost to be covered OR fixed amount per visit. (For example 50% of costs / \$150 per contact)	
How was this determined? For example court order, negotiated with support, mutually agreed.	

Name of person responsible for payment	
Percentage of cost to be covered OR fixed amount per visit. (For example 50% of costs / \$150 per contact)	
How was this determined? For example court order, negotiated with support, mutually agreed.	

FEE CHANGES

Village Kids reserves the right to update our fee schedule and operational processes. Clients of the service will be provided with written confirmation of changes that impact their use of the service and provided with 2 weeks to provide written confirmation of continued use of the service.

Signature:

FEES (GST inc)

Activity	Fee	Per	Applies to
Intake Fee	\$120.00	per person	All applications
Child Session	\$100.00	per session	Upon request
Family Time (Weekday After 6:00am and before 8:00pm)	\$77.00	per hour	Family Time charged hourly for the first 2 hours and half hourly thereafter.
Family Time Saturday (After 6:00am and before 8:00pm)	\$110.00	per hour	Family Time charged hourly for the first 2 hours and half hourly thereafter.
Family Time Sunday (After 6:00am and before 8:00pm)	\$132.00	per hour	Family Time charged hourly for the first 2 hours and half hourly thereafter.
Family Time (Public Holiday) and Additional to Request	\$165.00	per hour	Family Time charged hourly for the first 2 hours and half hourly thereafter.
Residential Assessment	\$350.00	per household	Includes a 2 worker home visit and administrative tasks associated with assessment of suitability of the request.
Changeovers			Contact for a quote
Travel Time Fees		per hour	Travel: For every hour or part thereof for a Family Time Facilitator to travel to your contact or pick up/drop off location outside of a 30 minutes radius from your nearest centre (Wollongong CBD or Campbelltown). Charged in 15 minute intervals.
Weekday (After 6:00am and before 8:00pm)	\$65.00		
Saturday (After 6:00am and before 8:00pm)	\$75.00		
Sunday(After 6:00am and before 8:00pm)	\$95.00		
Public Holiday	\$110.00		
Additional Worker	Please contact us for a quote. Fees are variable depending on travel and hours required.		
Family Time Report	\$60.00	per report	For every Family Time booking, sent to both parents, lawyers and ICL. Not optional.
Changeover Summary	\$30.00	per summary	For each episode of service, sent to both parents. Not optional.
Administration and Parent Support	\$90.00	per hour	All additional activities associated with service use including but not limited to: report writing for court; handling parent requests or correspondence; additional assessments or reassessments; intake for new participants; service request changes; parent support services; all administrative tasks associated with Family Time. Charged in 15 minute intervals.
Report for Court	\$90.00	Per hour	Provided to both parents, lawyers and ICL unless otherwise agreed in writing.
Venue Hire and Activities	\$//	Per unit	Quoted according to requests
Travel KM fee	\$1.00	Per KM	Estimated according to Google Maps. Fee relates to all KM outside of 20km from Wollongong or Campbelltown. If staff are diverted from

Signature:

			the usual, fastest route an adjustment will be made and an additional invoice issued.
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Village Kids has a minimum Family Time booking of 2 hours + report.

'Additional to request' may include but is not limited to: Facilitator time associated with breaches of Family Time agreed conditions or expectations (for example, refusal to end Family Time or not making children available for Family Time at the agreed time and causing Family Time to run over if this is able to be accommodated).

CONFIRMATION AND AGREEMENT

I _____,

confirm that all the information provided within this application is true and correct, that I have made full disclosures regarding any and all child protection and legal matters and am providing all relevant documentation to Village Kids along with this application.

I confirm that I have read and understood the Village Kids Service Agreement and agree to adhere to the conditions set out therewithin.

I confirm that I have read and understood the Conditions of Family Time document and agree to abide by those conditions.

I agree to indemnify and release Village Kids and its employees/contractors and directors from any liability including negligence arising directly or indirectly through my use of services provided by Village Kids.

I understand and acknowledge that this indemnification includes but is not limited to any liability arising out of or as a consequence direct or indirect, of any harm, damage, loss, injury or death sustained by myself, my child/children or any other attendees in activities observed or supervised by Village Kids including transportation and this includes activities proposed by Village Kids and at all venues.

APPLICANT NAME	
SIGNATURE	
DATE	

Signature: