



# Application Form

Each parent is required to fill out an application form. Both application forms need to be received before we can proceed.

Please email completed form to [indigofamilyconnections.com.au](mailto:indigofamilyconnections.com.au)  
All information will be kept confidential.

Service Requested:	<input type="checkbox"/> Supervised Contact (Centre Based) <input type="checkbox"/> Supervised Contact (Community Based) <input type="checkbox"/> Facilitated Changeovers <input type="checkbox"/> Respite
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## Personal Details

First Name:		Surname:	
Phone:		Date of Birth:	
Address:			
Email:			
Do you identify as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Straight Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Prefer not to say		
Language spoken at home:		Do you require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Child/ren:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____		

## Emergency Contact Details

First Name:		Surname:	
Phone:		Relationship to you:	

## Your Legal Representative

Do you have legal representation?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please provide details below.
Law Firm:	
Address:	
Solicitor's Name:	
Phone:	
Email:	

## Other Person's Details (We need contact details of both parties to accept the application)

First Name:		Surname:	
Phone:		Date of Birth:	
Address:			
Email:			
Relationship to Child/ren:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____		

# Other Person's Legal Representative

Law Firm:	
Address:	
Solicitor's Name:	
Phone:	
Email:	

## Children's Details

First Name:		Surname:	
Date of Birth:		Age:	
Child primarily resides with:	<input type="checkbox"/> Myself <input type="checkbox"/> Other Parent <input type="checkbox"/> Other: _____		

First Name:		Surname:	
Date of Birth:		Age:	
Child primarily resides with:	<input type="checkbox"/> Myself <input type="checkbox"/> Other Parent <input type="checkbox"/> Other: _____		

First Name:		Surname:	
Date of Birth:		Age:	
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First Name:		Surname:	
Date of Birth:		Age:	
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First Name:		Surname:	
Date of Birth:		Age:	
Child primarily resides with:	<input type="checkbox"/> Myself <input type="checkbox"/> Other Parent <input type="checkbox"/> Other: _____		

## Children's Situation

Has there been an Independent Children's Lawyer appointed?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please provide details below.
Law Firm:	
Address:	
Solicitor's Name:	
Phone:	
Email:	

Are there any Family Violence Orders or Intervention Orders?
<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please provide a copy.

Are there any current Court Orders or Parenting Plans?

- ☐ Yes  
☐ No

If yes, please provide a copy.

Do you have a return to Court date?

- ☐ Yes  
☐ No

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

Is Child Protection currently involved with your family?

- ☐ Yes  
☐ No

If yes, please provide details:

Has Child Protection previously been involved with your family?

- ☐ Yes  
☐ No

If yes, please provide details:

## Fees

Who will be responsible for paying the fees?

- ☐ Myself  
☐ Other Parent  
☐ Other: \_\_\_\_\_

(Fees are required to be paid 48 hours prior to each service provision)

## Preferred Contact Times

While we cannot guarantee your preferred time for contact, we will do what we can to meet your family's needs. You may tick multiple times.

Preferred Contact Session:

Preferred Start Date:

- ☐ Wednesday 5.00pm - 7.00pm
- ☐ Thursday 5.00pm - 7.00pm
- ☐ Saturday 10.00am - 12.00pm
- ☐ Saturday 1.00pm - 3.00pm
- ☐ Saturday 3.30pm - 5.00pm
- ☐ Other: \_\_\_\_\_

## Signature

Name:	
Signature:	
Date:	

## What next?

Once applications from **both** parties have been received, we will contact you to schedule an Intake Session (Usually by phone, taking about 30 mins).

Please feel free to contact us if you have any further questions on 0417 491 728 or [admin@indigofamilyconnections.com.au](mailto:admin@indigofamilyconnections.com.au)