

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:

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

AnglicareSA:

Noarlunga CCS 111 Beach Rd, Christies Beach SA 5165	Mount Barker CCS 111 Beach Rd, Christies Beach SA 5165
E: ccs@anglicaresa.com.au	E: ccs@anglicaresa.com.au
T: 8392 3180	T: 8392 3180
Online Application – click here	Online Application – click here

Uniting Country SA:

Whyalla CCS 22 McRitchie Crescent, Whyalla Stuart, SA 5608 or P.O Box 2104, Whyalla Norrie, SA 5608	Port Augusta CCS 22 McRitchie Crescent, Whyalla Stuart, SA 5608 or P.O Box 2104, Whyalla Norrie, SA 5608
E: ccs@ucsa.org.au	E: ccs@ucsa.org.au
T: 8649 0800	T: 8649 0800

ac.care:

Mount Gambier CCS	Millicent CCS
E: reception-frc@accare.org.au	E: reception-frc@accare.org.au
T: 8721 3500	T: 8721 3500