

Information requested by Supervisor.

**Court Name**

**File No:**

**1. Parent/Carer/s Details** (Details of person completing this form)

<b>Full name:</b>
<b>Address:</b>
<b>Phone (mobile):</b>
<b>Phone (work):</b>
<b>Email:</b>
<b>D.O.B:</b>
<i>Please circle one -</i> <b>Visiting Parent</b> <b>Custodial Parent</b>
<b>Relationship to child/ren</b>
<b>Solicitor details:</b>

**2. Details of other Party**

<b>Full Name:</b>
<b>Phone:</b>
<b>Relationship to child/ren</b>
<b>Solicitor details:</b>

**3. Names of Child/ren**

*Child One*

<b>Full Name:</b>
<b>D.O.B:</b>
<b>Current Address:</b>
<b>How long has the child lived there?</b>

*Child Two*

<b>Full Name:</b>
<b>D.O.B:</b>
<b>Current Address:</b>
<b>How long has the child lived there?</b>

*Child Three*

<b>Full Name:</b>
<b>D.O.B:</b>
<b>Current Address:</b>
<b>How long has the child lived there?</b>

**4. Please provide medical details for Emergency Purposes (For the child/ren)**

<b>a. Doctor/Medical Practitioner/Hospital:</b>
<b>b. Address and Phone no:</b>
<b>c. Do you have Ambulance Cover? (Please circle) Yes No</b>
<b>d. Do you permit Rekonnnect to phone an Ambulance in case of Emergency? (Please circle) Yes No</b>

**5. Please provide emergency contact details for YOURSELF**

<b>Full Name:</b>
<b>Contact Number:</b>
<b>Alternate Contact Number:</b>
<b>Relationship to you:</b>

**6. Does the child/ren have any special needs or difficulties in relation to health or diet? Please provide details and/or Care Plan (i.e Asthma, Anaphylaxis, Lactose Intolerant etc)**


**7. Details of AVO/DVO and/or Family Violence Orders**

<b>a. Type of Order</b>
<b>b. Court where order was made</b>
<b>c. Approximate date of order</b>
<b>d. What the Order provided for</b>

8. Please provide any concerns about the welfare of the child/ren which the supervisor should be aware of, e.g potential dangers, habits, behaviours etc.

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9. How did you hear about Rekonnnect? (e.g Solicitor referral, word of mouth, google etc)

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- 10. If additional persons are requested to attend contact this must be agreed to by all parties and an intake form and service agreement will be required to be completed by each additional person.
- 11. Please provide the Supervisor with a copy of the current orders
- 12. Cancellation fees apply on a sliding scale. If the child/ren are not available to spend time the Supervisor must be notified at least 24 hours prior to the scheduled commencement time. Cancellations made within 24-48 hours of the scheduled visit time will constitute the full supervision fee payable by the cancelling party.
- 13. All payment for the supervision must be paid into the account of the supervisor two (2) business days prior to your appointment. Supervision will not be confirmed or booked until payment is received.
- 14. Late arrival fees apply to the person who is late. Minimum charge is 15 minutes
- 15. All persons spending time must follow the directions of the Supervisor at ALL TIMES, otherwise the visit will be terminated immediately, without refund.
- 16. Please return this form and the signed Service Agreement to [re\\_konnnect@mail.com](mailto:re_konnnect@mail.com) – supervision cannot commence without these forms being received.
- 17. The “Service Agreement” forms a part of the Intake Form and all terms stated within are applicable.

<b>Full Name of person completing this form</b>	
<b>Signature</b>	
<b>Date</b>	

(INTERNAL USE ONLY - Completed by Rekonnnect)

<b>Visitation Frequency:</b>	
<b>Visitation Fees Paid By:</b>	
<b>Application Fee Paid:</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> <b>Payment Date:</b>
<b>Court Orders Received:</b>	<b>Dated:</b>
<b>Additional Notes:</b>	