|  |  |
| --- | --- |
|  | Intake Form  Information requested by Supervisor. |

|  |  |
| --- | --- |
| **Court Name:** Click or tap here to enter text. | **File No:** Click or tap here to enter text. |

# Parent/Carer/s Details (Details of person completing this form)

|  |  |
| --- | --- |
| Full name: |  |
| Address: Click or tap here to enter text. |  |
| Phone (mobile): Click or tap here to enter text. |  |
| Phone (work): Click or tap here to enter text. |  |
| Email: Click or tap here to enter text. |  |
| D.O.B: Click or tap here to enter text. |  |
| *Please Select One -* Visiting Parent  Custodial Parent | |
| Relationship to child/ren: Click or tap here to enter text. |  |
| Solicitor details: Click or tap here to enter text. |  |

# Details of other Party

|  |  |
| --- | --- |
| Full Name: Click or tap here to enter text. |  |
| Phone: Click or tap here to enter text. |  |
| Relationship to child/ren: Click or tap here to enter text. |  |
| Solicitor details: Click or tap here to enter text. |  |

# Names of Child/ren

*Child One*

|  |  |
| --- | --- |
| Full Name: Click or tap here to enter text. |  |
| D.O.B: Click or tap here to enter text. |  |
| Current Address: Click or tap here to enter text. |  |
| How long has the child lived there? Click or tap here to enter text. |  |
| Independent Children’s Lawyer details (if represented): Click or tap here to enter text. |  |

*Child Two*

|  |  |
| --- | --- |
| Full Name: Click or tap here to enter text. |  |
| D.O.B: Click or tap here to enter text. |  |
| Current Address: Click or tap here to enter text. |  |
| How long has the child lived there? Click or tap here to enter text. |  |

*Child Three*

|  |  |
| --- | --- |
| Full Name: Click or tap here to enter text. |  |
| D.O.B: Click or tap here to enter text. |  |
| Current Address: Click or tap here to enter text. |  |
| How long has the child lived there? Click or tap here to enter text. |  |

# Please provide medical details for Emergency Purposes (For the child/ren)

|  |
| --- |
| 1. Doctor/Medical Practitioner/Hospital: |
| Click or tap here to enter text. |
| 1. Address and Phone no: |
| Click or tap here to enter text. |
| 1. Do you have Ambulance Cover? (Please select) Yes No |
| 1. Do you permit Rekonnect to phone an Ambulance in case of Emergency? (Please select) Yes No |

# Please provide emergency contact details for YOURSELF

|  |  |
| --- | --- |
| Full Name: Click or tap here to enter text. |  |
| Contact Number: Click or tap here to enter text. |  |
| Alternate Contact Number: Click or tap here to enter text. |  |
| Relationship to you: Click or tap here to enter text. |  |

# 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)

|  |
| --- |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

# Details of AVO/DVO and/or Family Violence Orders

|  |
| --- |
| 1. Type of Order |
| Click or tap here to enter text. |
| 1. Court where order was made |
| Click or tap here to enter text. |
| 1. Approximate date of order |
| Click or tap here to enter text. |
| 1. What the Order provided for |
| Click or tap here to enter text. |

# 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.

|  |
| --- |
| Click or tap here to enter text. |
|  |
| Click or tap here to enter text. |
|  |

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

|  |
| --- |
| Click or tap here to enter text. |

# Only the person names on the court orders are permitted to attend visitation. 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.

1. Please provide the Supervisor with a copy of the current orders.
2. 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.
3. 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.
4. Late arrival fees apply to the person who is late. Minimum charge is 15 minutes
5. All persons spending time must follow the directions of the Supervisor at ALL TIMES, otherwise the visit will be terminated immediately, without refund.
6. Please return this form and the signed Service Agreement to [admin@rekonnect.com.au](mailto:admin@rekonnect.com.au) – supervision cannot commence without these forms being received.
7. The “Service Agreement” forms a part of the Intake Form and all terms stated within are applicable.

|  |  |
| --- | --- |
| Full Name of person completing this form | Click or tap here to enter text. |
| Signature | **Click or tap here to enter text.** |
| Date | **Click or tap here to enter text.** |

**(INTERNAL USE ONLY - Completed by Rekonnect)**

|  |  |
| --- | --- |
| Visitation Frequency: |  |
| Visitation Fees Paid By: |  |
| Application Fee Paid: | **Yes:  No:  Payment Date:** |
| Court Orders Received: | **Dated:** |
| Additional Notes: |  |