



Supervised Children's Contact Centre

INTAKE INFORMATION

Please complete this form and if necessary forward it to the other party/parent through your appropriate communication channel (i.e. via legal representatives or other means) for their agreement and signature.

Once the parties have reached agreement, the COMPLETED Intake Form should be forwarded to the Family Reconnect office by one of the parties. If you change the requested details, please return to the other party PRIOR to sending to Family Reconnect

The completed form can be sent in any of the following ways:

Email (scan): bookings@familyreconnect.org.au

In Person: 3 Frinton Street, Southport 4215

If there is a change to the arrangement, you will need to fill out a new Intake Form as per the instructions above.

Family Reconnect is not able to negotiate between the parties. Therefore, ALL negotiations must be completed by the parties, and this may involve their legal representation.



Supervised Children's Contact Centre

REQUESTED CONTACT SUPERVISION DETAILS	
Family Name	
Starting date	
List all dates: OR Specify frequency (i.e. weekly, Fortnightly):	
Finish date (OR ongoing):	
Transport to and from venue required? (Please specify necessary seating e.g. booster seat)	
Contact venues	
Attendees (List all attendees)	
Family/Federal CC Orders – Y/N/attached:	
Domestic Violence Orders – Y/N/attached:	
Additional information that may assist The supervisor	



Supervised Children's Contact Centre

Contact Supervision Agreement

I agree that the information provided in this form is correct and any changes/ additional dates will need to be approved by both parties and sent in writing to Family Reconnect.

I agree that changes to this Intake Form without prior approval from the other party will incur an administration fee, invoiced to the person responsible for attempted changes.

Signed by:

Parent 2/ Person being supervised:

.....

(Print Name)

.....

(Signature)

(Date)

Parent 1/ Person with whom child/ren resides:

.....

(Print Name)

.....

(Signature)

(Date)