

Additional child (ONLY FILL OUT IF MORE THAN 3 CHILDREN REQUIRE SUPERVISED SERVICES)

Child's name

Date of birth

Age

Gender

- ☐ Male
☐ Female

Your relationship to the child

- ☐ Mother
☐ Father
☐ Other, please specify

Is the child of Aboriginal or Torres Strait Islander origin?

- ☐ Yes - Aboriginal
☐ Yes - Torres Strait Islander
☐ No
☐ Prefer not to answer

Country of birth

Does the child speak english?

- ☐ Yes
☐ No

Languages spoken (other than english):

Does the child require an interpreter?

- ☐ Yes
☐ No

If yes, what are the interpreter's contact details?

Does the child have a disability, allergy and/or medical condition?

- ☐ Yes
☐ No

If yes, please provide details:

! IMPORTANT !

If the child has been diagnosed with complex medical condition/s, please attach a copy of a medical management plan for them

Does the child take any prescribed medication?

- ☐ Yes
☐ No

If yes, please provide details:

Will the child require the medication during a visitation or other service?

- ☐ Yes
☐ No

If yes, please provide details (please include times and instructions on how to take etc):

Does the child need someone with them to assist with communication, self care or mobility issues?

- ☐ Yes
☐ No

If yes, please provide details:

Has the Child been the subject of any child protection involvement by any Child Welfare Authority?

- ☐ Yes
☐ No

Is there any current child protection involvement by any Child Welfare Authority?

- ☐ Yes
☐ No

If yes, please list the reasons for child protection involvement:

Child protection practitioner's details:

Name

Phone number

Email

Postal address

Are there any interim or final parenting orders?

- ☐ Yes**
☐ No

****Please attach a copy of any existing parenting order when emailing this form back**

Who does the child live with?

What are your current arrangements for time with the child?

--

When was the last time the non-residential parent had time with the child?

--

Signature of applicant

Date