



CLIENT APPLICATION FORM

Supervised contact and changeover services

Bloom provides safe, child-focused, neutral and professional supervised contact and changeover services. Information supplied in this form is handled privately and used to assess suitability, safety and service arrangements.

APPLICANT DETAILS

Applicant full name _____	Date completed _____
Relationship to child/children _____	Preferred pronouns (optional) _____
Phone _____	Email _____
Residential address _____ _____	Postal address (if different) _____ _____

SERVICE REQUESTED

☐ Supervised contact ☐ Supervised changeover ☐ Other: _____

IMPORTANT INFORMATION

- Each parent and the child/children may be required to attend a separate orientation before services commence.
- Current parenting orders, intervention orders and relevant reports must be provided before arrangements are confirmed.
- Venues and service arrangements are determined by Bloom following risk assessment, court orders and the child's needs.
- No additional person may attend unless authorised in advance and permitted by relevant orders or written agreement.
- Cancellations, fees, travel and report charges are governed by Bloom's current Service Agreement and Fee Schedule.

BLOOM CONTACT DETAILS

Phone: [TO BE INSERTED] | Email: [TO BE INSERTED]

Postal address: [TO BE INSERTED] | ABN: [TO BE INSERTED]

CHILD / CHILDREN DETAILS

Complete one section for each child involved. Attach an additional page if required.

CHILD 1

Full legal name _____	Preferred name _____
Date of birth _____	Pronouns (optional) _____
Primary language _____	School / childcare _____
Current living arrangements _____	Relationship with contact parent _____

CHILD 2

Full legal name _____	Preferred name _____
Date of birth _____	Pronouns (optional) _____
Primary language _____	School / childcare _____
Current living arrangements _____	Relationship with contact parent _____

CHILD 3

Full legal name _____	Preferred name _____
Date of birth _____	Pronouns (optional) _____
Primary language _____	School / childcare _____
Current living arrangements _____	Relationship with contact parent _____

CHILD-FOCUSED INFORMATION

Interests, routines and comfort items _____ _____	Cultural, religious or identity considerations _____ _____
Disability, developmental, sensory or communication needs _____ _____	Known triggers, worries or behaviours of concern _____ _____

PARENT AND CAREGIVER DETAILS

PARENT / CAREGIVER 1

Full legal name _____	Relationship to child/children _____
Date of birth _____	Preferred pronouns (optional) _____
Phone _____	Email _____
Residential address _____ _____	Postal address (if different) _____ _____
Solicitor / legal representative _____	Interpreter required? Language _____

PARENT / CAREGIVER 2

Full legal name _____	Relationship to child/children _____
Date of birth _____	Preferred pronouns (optional) _____
Phone _____	Email _____
Residential address _____ _____	Postal address (if different) _____ _____
Solicitor / legal representative _____	Interpreter required? Language _____

OTHER SIGNIFICANT PEOPLE

Name _____	Relationship to child/children _____
Contact details _____	Role in proposed arrangements _____

COURT AND LEGAL INFORMATION

Please attach complete, current copies of all relevant documents.

- ☐ Yes ☐ No Are current parenting orders in place?
- ☐ Yes ☐ No Is a parenting plan or written agreement in place?
- ☐ Yes ☐ No Is an Intervention Order, Family Violence Order or equivalent order in place?
- ☐ Yes ☐ No Are there current or pending criminal proceedings relevant to safety or contact?
- ☐ Yes ☐ No Has an Independent Children's Lawyer (ICL) been appointed?

Court and location _____	Case / file number _____
Date of most recent orders _____	Next court date (if known) _____
ICL name and firm _____	ICL phone / email _____

LEGAL REPRESENTATIVES

Parent / caregiver 1 solicitor and firm _____ _____	Phone and email _____ _____
Parent / caregiver 2 solicitor and firm _____ _____	Phone and email _____ _____

DOCUMENTS ATTACHED

- ☐ Parenting orders ☐ Intervention order ☐ Parenting plan ☐ Risk assessment / report
- ☐ Medical or psychological information ☐ Other: _____

RELEVANT ORDER REQUIREMENTS OR RESTRICTIONS

SAFETY AND RISK INFORMATION

Accurate information assists Bloom to assess whether services can be provided safely. A “yes” response does not automatically prevent service.

- ☐ Yes ☐ No Is there a history or allegation of family violence, coercive control, stalking or intimidation?
- ☐ Yes ☐ No Are there concerns about alcohol or other drug use?
- ☐ Yes ☐ No Are there concerns about mental health, self-harm or suicide risk?
- ☐ Yes ☐ No Does any person hold a firearms licence or have access to a firearm or other weapon?
- ☐ Yes ☐ No Have relevant court orders or intervention orders allegedly been breached?
- ☐ Yes ☐ No Are there concerns about abduction, removal, concealment or unauthorised travel with a child?
- ☐ Yes ☐ No Are there concerns about aggressive, threatening or unsafe behaviour?
- ☐ Yes ☐ No Is there any other matter that may affect the safety of a child, parent, worker or member of the public?

DETAILS OF ANY “YES” RESPONSE, INCLUDING CURRENT SAFETY STRATEGIES

If there is an immediate safety risk, call 000. Bloom is not an emergency or crisis service.

MEDICAL, DISABILITY AND CARE INFORMATION

- ☐ Yes ☐ No Does any child have allergies or anaphylaxis?
- ☐ Yes ☐ No Does any child have asthma or another medical condition?
- ☐ Yes ☐ No Does any child take medication that may be required during the service?
- ☐ Yes ☐ No Does any child have disability, developmental, sensory or communication support needs?
- ☐ Yes ☐ No Is there a current medical, allergy, asthma, behaviour support or safety plan?

Child / children concerned _____	Diagnosis or condition (if applicable) _____
Medication, dosage and administration instructions _____ _____ _____	Allergies, reactions and emergency response _____ _____ _____
Treating practitioner / service _____	Practitioner phone _____
Medicare / ambulance information (optional) _____	Emergency contact and relationship _____

CARE INSTRUCTIONS AND DOCUMENTS SUPPLIED

Medication must be supplied in original packaging with clear instructions. Bloom will confirm in writing whether staff can store or assist with medication.

PROPOSED CONTACT ARRANGEMENTS

Date child/children last had contact with contact parent _____	Preferred commencement date _____
Preferred days _____	Preferred times and duration _____
Proposed frequency _____	Preferred general location / area _____
Transport arrangements _____ _____	Handover considerations _____ _____

PEOPLE PROPOSED TO ATTEND

Name _____	Relationship to child/children _____
Reason for attendance _____	Permitted by orders / agreement? _____

ACTIVITIES, ROUTINES AND PRACTICAL CONSIDERATIONS

Child/children's preferred activities _____ _____	Food, meals or dietary needs _____ _____
Toileting, naps or personal-care needs _____ _____	Gifts or items proposed for the child/children _____ _____

COMMUNICATION BETWEEN PARENTS / CAREGIVERS

☐ Parenting app ☐ Communication book ☐ Solicitors ☐ Other: _____

Bloom remains neutral and does not routinely pass personal messages between parties. Necessary service information should be communicated through the agreed written channel.

AUTHORISATION AND ACKNOWLEDGEMENT

- I confirm that, to the best of my knowledge, the information provided in this application and attached documents is true, complete and current.
- I authorise Bloom Family & Children's Contact Services to contact relevant legal representatives, the Independent Children's Lawyer, treating professionals or other nominated professionals where reasonably necessary to assess or provide the requested service, subject to privacy obligations and any applicable court orders.
- I understand that Bloom may decline, pause, relocate or end a service where safety, suitability, conduct, non-payment, court-order compliance or the child's best interests require it.
- I agree to follow reasonable directions from Bloom staff and comply with the current Service Agreement, Code of Conduct, Privacy Notice, Fee Schedule, cancellation terms and relevant court orders.
- I understand that no booking is confirmed until Bloom has completed its intake and risk-assessment process and provided written confirmation.

Applicant full name _____	Relationship to child/children _____
Signature _____ _____	Date _____

PRIVACY AND INFORMATION HANDLING

Information is collected for intake, risk assessment, service delivery, administration and lawful reporting. It may be disclosed where authorised, required by law, necessary to respond to a serious safety concern, or permitted under Bloom's Privacy Notice. Please do not email highly sensitive documents until Bloom confirms the secure submission method.

SUBMISSION CHECKLIST

- ☐ Completed and signed application ☐ Current orders / agreements ☐ Intervention orders
☐ Relevant reports and plans ☐ Identification if requested ☐ Other documents requested by Bloom

BLOOM OFFICE USE ONLY

Date application received _____	Received by _____
Applicant identity checked _____	Other party application received _____
Orders reviewed by _____	Risk screening completed by _____
Orientation required _____	Orientation date/s _____
Supervisor allocated _____	Proposed venue _____ _____
Service decision _____	Written confirmation date _____

RISK AND SUITABILITY SUMMARY

CONDITIONS / CONTROLS REQUIRED

FEES AND PAYMENT ARRANGEMENTS

Use Bloom's current approved Fee Schedule. Do not copy fees from another provider. Record any agreed payer split, deposits, travel charges, cancellation terms or report fees below.

AUTHORISATION

Approved / declined by _____	Role _____
Signature _____ _____	Date _____