

Children's Contact Service Agreement

This agreement outlines the guidelines and conditions which apply to the use of the Children's Contact Service (CCS). The CCS is committed to providing a place which is emotionally and physically safe for children and adults and to supporting the development and strengthening of the parent-child relationship. The use of the CCS may be suspended or withdrawn due to any non-compliance with this agreement.

1. Fees of Service

- 1.1. I agree to payment of fees at the time of service for the use of the CCS, as negotiated or as court ordered. I understand that should I fail to pay fees; my use of the service may be reviewed.

2. Punctuality and Attendance

- 2.1. I will consistently be on time for scheduled attendance at the CCS and I will notify staff, as soon as possible, if I am delayed for any reason. I understand that if I am unable to attend on time and/or do not attend, without prior notification, my use of the service will be reviewed.
- 2.2. I understand and agree that, at times, facilitated changeover or supervised contact may be cancelled and/or rescheduled, at the discretion of the CCS.
- 2.3. I will follow all instructions given by the CCS staff including instructions regarding entry and exit points, times of arrival/departure and leaving the CCS promptly.
- 2.4. I will not seek personal contact with the other parent whilst using the CCS, unless otherwise arranged.
- 2.5. I understand that the CCS will not facilitate the exchange of documents or other written information between parents at the time of the visit or any other time.
- 2.6. I understand that as the parent the child(ren) spends time with, if I am **more** than 20 minutes late and have **not** notified the CCS, the service will advise the other parent and cancel the visit. The staff will arrange to return the child(ren) to the other parent, however if (s)he is unavailable, staff will make other suitable arrangements. I understand that if a visit is cancelled in this situation, it is unlikely the visit can be rescheduled, due to CCS availability.
- 2.7. I understand that the CCS is a short term service for parenting arrangements, and I am committed to working with the CCS towards self-management, when it is safe to do so.

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3. Nominated Other, Visiting Other and Emergency Contact

- 3.1. A **Nominated Other** is a person who is permitted to drop off and/or collect child(ren) from the CCS. I understand that I will need to complete permission forms prior to the visit and that the **Nominated Other** will need to provide a photo ID, attend an intake, and sign the **CCS Agreement**.
- 3.2. A **Visiting Other** is a person who is permitted to attend visits at the CCS if Court ordered or if agreed upon by the parent the child(ren) lives with. I understand that I will need to complete permission forms prior to the visit and that the **Visiting Other** will need to provide a photo ID, attend an intake, and sign the **CCS Agreement**.
- 3.3. An **Emergency Contact** is a person who is able to have contact with CCS in the case of an emergency and if I am unable to be contacted. If this person is unavailable, I agree to the CCS staff making suitable arrangements.
I agree that CCS may also contact this person to check in regarding my well-being and welfare.

4. Facilitated Changeovers

- 4.1. I understand that if I am the parent the child(ren) spends time with, and I am more than 20 minutes late in returning the child(ren), the CCS will attempt to contact me and contact my designated emergency contacts. The police may be contacted at any point. I understand that the other parent will be contacted and notified of the situation.

5. Health

- 5.1. I agree not to attend if I or my child(ren) have a communicable illness (for example, flu like symptoms, measles, tonsillitis). I agree to provide evidence when this is no longer contagious.
- 5.2. I agree if I am cancelling due to an illness, I will do it as early as possible with at least two hours before the visit.
- 5.3. I agree to treat head lice if it has been detected in my child(ren), prior to their attendance at the CCS. I also agree to advise CCS of any such detection. I understand they may notify me if head lice are detected. I agree to provide evidence, when requested, that head lice have been treated.
- 5.4. I agree to notify the CCS of any allergies that my child(ren) may have and provide a management plan and/or medications for the allergies.
- 5.5. I agree to encourage sun safety by providing a sun smart hat and sunscreen for my child(ren)'s use outdoors, and I am aware that the CCS may apply sunscreen if needed.

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- 5.6. I understand that if I am the parent the child(ren) spends time with, I will provide an appropriate healthy snack/meal for my child(ren), unless otherwise discussed due to child(ren)'s health issues or other concerns.

6. Client Code of Conduct

I understand that while using the CCS, the following guidelines apply to myself and any nominated and/or visiting other. The service may be suspended and/or withdrawn due to non-compliance with any of these guidelines:

- 6.1. I will be required to meet with the CCS for case planning in order to set goals for contact and to make plans for the future use of the service and/or moving to self-management of contact arrangements. I will also be required to meet with the CCS staff for a case review after using the service for 3 months and/or at the request of CCS, for the purpose of reviewing the case plan and the current use of service.
- 6.2. I will follow all instructions given by CCS, and acknowledge that a staff member will be present, in near proximity, at all times to enable effective observation of child(ren)/parent interaction.
- 6.3. I understand that if I would like a photograph of my child(ren), I will discuss this with the CCS staff. It is at their discretion, and subject to the child(ren)'s agreement, as to whether and how this will take place. I understand that no recording of videos is permitted and that devices with recording capabilities, such as drones, are not to be used.
- 6.4. I understand that I may provide small gifts for the child(ren) from time to time, and appropriate gifts at special times (that is, birthdays, Christmas, Easter, other significant cultural events).
- 6.5. I will refrain from discussing topics that are inappropriate for children, such as, but not limited to, contact arrangements, other family law matters or commenting negatively, either verbally or non-verbally, about the other parent in front of my child(ren). I will accept CCS staff members' guidance on appropriate topics of conversation with my child(ren). I will also refrain from using inappropriate language.
- 6.6. I will not display aggression or make threats towards the other parent or display any behaviour perceived as threatening or inappropriate towards children and staff at the CCS.
- 6.7. I will not be under the influence of alcohol or drugs at the CCS. I understand that if I am intoxicated, the CCS staff will refuse to allow the visit or changeover to take place.
- 6.8. I will not attempt or commit any criminal acts, including attempted abduction of a child(ren) at the CCS. Police will be notified immediately to investigate any criminal behaviour.

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6.9. I understand and accept that if a child(ren) is unwilling to participate in the contact or shows signs of distress, it is at the discretion of CCS staff if the visit is to continue.

7. Client Files and Information

7.1. I understand that the CCS will keep a copy of any relevant Court Orders and all file notes relating to observation of child-parent interactions, communication between myself and the CCS and the use of the service.

7.2. I agree I have provided all relevant information to CCS staff. I understand that all information kept on file is confidential and subject to RAQ's Privacy Policy.

7.3. I understand the CCS may provide information regarding the child(ren) to an Independent Children's Lawyer and that any client files may be subpoenaed.

**Parent the
Child(ren) Lives
With**

**Nominated other
for the Parent the
Child(ren) Lives
With**

**Parent the
Child(ren) Spends
time with**

**Nominated other
for Parent the
Child(ren) Spends
time with**

(Circle as appropriate)

I have read and accepted the terms and conditions for use of service as outlined in this agreement.

(Please sign below and initial each page to demonstrate that you have read and understood this agreement).

Name: _____

Signature: _____ Date: _____

Witness' Name: _____

Witness' Signature: _____ Date: _____

Child(ren)'s Name(s): _____
