Family Dispute Resolution (FDR) Intake Form

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Title: ◯ Mr ◯ Mrs ◯ Ms ◯ Miss ◯ Dr

***First name**: *__**Last name:**__

Preferred name: **Pseudonym:**

***Date of Birth**:

***Gender:** (Please select one)
◯ Man or Male ◯ Woman or Female ◯ Non-Binary ◯ Not Stated ◯ I/they use a different term. Option to specify:

*** Role in Family:** (please select one)
If the referral is for an individual select "self", if multiple members of your family are referred, select your role in your family relevant to the service sought.

◯ Aunt ◯ Brother ◯ Brother-in-law ◯ Child ◯ Cousin ◯ Daughter ◯ Father

◯ Father-in-Law ◯ Granddaughter ◯ Grandfather ◯ Grandmother ◯ Grandson ◯ Husband

◯ Mother ◯ Mother-in-Law ◯ Nephew ◯ Niece ◯ Not Related ◯ Partner ◯ Self

◯ Sister ◯ Sister-in-Law ◯ Son ◯ Stepfamily ◯ Uncle ◯ Wife

***Address Line 1:**

Address Line 2:

***Suburb:** *__**Postcode:**__

Mobile phone number: **Home phone number:**

Personal email address:

How can we best contact you? (please select one) ◯ Text ◯ Phone call ◯ E-mail

Emergency Contacts:

Surname	Given name	Relationship	Contact number

***Aboriginal or Torres Strait Islander status:** (Please select one)
◯ Aboriginal ◯ Torres Strait Islander ◯ Both Aboriginal and Torres Strait Islander

◯ Neither Aboriginal nor Torres Strait Islander

***Main language spoken at home:**

Other languages spoken at home:

***Culturally and Linguistically Diverse (CaLD) status:** ◯ Yes ◯ No

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***Country of birth**:

Date of first arrival in Australia: (if applicable)

Do you require an interpreter? ◯ Yes ◯ No

If yes, Interpreter Language:

***Main Issue Identified:** (please select one)

◯ Family and Domestic Violence ◯ Homelessness ◯ At Risk Behaviour
◯ Offending Behaviour ◯ Mental Health, Wellbeing & self care ◯ Sexual abuse
◯ Grief and Loss ◯ Financial Issues ◯ Drug or Substance Use
◯ Alcohol use ◯ Lack of family support ◯ Personal Safety
◯ Physical Health ◯ Relationship Issues ◯ Age-Appropriate Development
◯ Child Parent conflict ◯ Parenting ◯ School disengagement
◯ Gambling ◯ Other (please specify)

Secondary Issue Identified: (please select one)

◯ Family and Domestic Violence ◯ Homelessness ◯ At Risk Behaviour
◯ Offending Behaviour ◯ Mental Health, Wellbeing & self care ◯ Sexual abuse
◯ Grief and Loss ◯ Financial Issues ◯ Drug or Substance Use
◯ Alcohol use ◯ Lack of family support ◯ Personal Safety
◯ Physical Health ◯ Relationship Issues ◯ Age Appropriate Development
◯ Child Parent conflict ◯ Parenting ◯ School disengagement
◯ Gambling ◯ Other (please specify)

Individual Fortnightly Income before tax:

***Family/Household composition:** (please select one)

◯ Single (person living alone) ◯ Sole parent with dependant(s) ◯ Couple ◯ Couple with dependant(s)
◯ Group (related adults) ◯ Group (unrelated adults) ◯ Homeless/No household
◯ Not stated/inadequately described

Current Marital Status: (please select one)

◯ Married ◯ Divorced ◯ Separated ◯ De Facto

If ticked please provide a date:

Self Referred: ◯ Yes ◯ No

***NDIS participant:** ◯ Yes ◯ No

** Mandatory field for CSnet database to create client file*

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***English Proficiency:** (please select one for each category)

Reading:	◯ Very well	◯ Well	◯ Not Well	◯ Not at all
Speaking:	◯ Very well	◯ Well	◯ Not Well	◯ Not at all
Writing:	◯ Very well	◯ Well	◯ Not Well	◯ Not at all

How did you hear about us?

***Do you give Consent for Centrecare to collect your data?** ◯ Yes ◯ No

Please note: you will also be asked to complete a written consent form in your first session

***Do you have a disability?** (Select any that apply)

☐ Physical ☐ Sensory ☐ Intellectual

☐ Learning ☐ Mental/psychosocial ☐ Neurological

***What is your current household tenure?** (please select one)

◯ Street homeless ◯ Fully owned accommodation or with mortgage ◯ Private rental ◯ Community Housing

◯ Transitional housing/supported accommodation/youth accommodation ◯ Caravan park ◯ Boarding/shared accommodation ◯ Couch surfing

◯ Adult custodial facility ◯ Emergency accommodation/refuge/youth shelter ◯ Youth/Juvenile correctional centre ◯ Crisis or emergency accommodation

◯ No tenure ◯ Other (specify):

Number of dependant children:

Number of independent children:

Details of children the mediation relates to:

Surname	Given Name	Date of Birth	Gender	Address

***What is your source of income?** (please select one)

◯ Nil income ◯ Employee salary/wages ◯ Self employed (unincorporated business income)

◯ Government payments/pensions/allowances ◯ Not stated/inadequately described

◯ Other income including superannuation and investments

***What is your current employment status?** (please select one)

◯ Employed full-time ◯ Employed part-time ◯ Employed casual

◯ Unemployed for less than 1 year ◯ Unemployed for more than 1 year

◯ Not employed ◯ Not in the labour force

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***Highest education level:** (please select one)

- ◯ Pre Primary Education
- ◯ Primary education
- ◯ Secondary education
- ◯ Certificate Level
- ◯ Advanced diploma and diploma level
- ◯ Bachelor degree level
- ◯ Graduate diploma and graduate certificate level
- ◯ Postgraduate degree level
- ◯ Other education

Please provide information about the person you would like to mediate with:

Their full name:

Their date of birth:

Their street address:

Their phone number:

Their email address:

Please confirm you give us consent to contact the person you would like to mediate with.

◯ Yes ◯ No

Is there a current Family Violence Restraining Order/Conduct Agreement Order/ Bail Conditions in place?

◯ Yes ◯ No

Is your mediation in relation to:

Parenting/Grandparenting or other child related matters? ◯ Yes ◯ No

Property matters? ◯ Yes ◯ No

Parenting and Property matters? ◯ Yes ◯ No

Do you have any Cultural Needs? If so please elaborate:

What are your expectations of our service?

Are there any safety concerns we should be aware of?

Thank you for completing this form.

1. Save the completed form.
2. Return this form by email to the office of your choice if you are initiating the service, or as indicated in your invitation letter.
3. Once we receive your form, you will be contacted by the administrative team of that office for the next steps.

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