

POST-SEPARATION SUPPORT – PRE-CONSENT FORM

Thank you for your interest in post-separation support at Marymead CatholicCare. Before your registration can be confirmed, please read through the pre-consent form.

1. The majority of correspondence for the ARCK and KAYAKS programs is through email. I will check my email regularly, including my junk/spam folders. Due to the content of the ARCK and KAYAKS programs, proof of written correspondence is required. If email is not a preferred method of contact, I will contact Marymead CatholicCare and will be provided with an alternative.
2. I will provide all court orders (including Family Law and FVO/DVO/ADVO), convictions and bails conditions prior to engagement in the program. Failure to do so may result in exclusion of the program.
3. I understand that it is important for me to be clear and transparent when completing my DOORS Assessment.
4. I understand that the program must be paid for, in full, (or financial assistance approved) before I can be allocated to the program.
5. I understand that I am required to attend a screening session to determine the level of support I will require. If I have registered for both ARCK and KAYAKS, I will be required to undertake a screening session for both programs.
6. I understand that if I cancel multiple appointments in a row, my engagement in the service will be reviewed.
7. A certificate will be provided to me on **completion of the program**. If I require evidence of engagement, I will speak to Marymead CatholicCare/the program about alternate arrangements.
8. While my clinician can provide me with suggestions and/or warm referrals for other programs/continued support, Marymead CatholicCare cannot provide me with any written recommendations or reports.

ARCK PROGRAM SPECIFIC

1. While my court order says that I only need to complete the group program, PnP, I understand that I must complete the screening, Building Connections seminar, and individual counselling before I am eligible to complete the PnP program.
2. I understand that completion of the Building Connections seminar is valid for 12 months. If I have previously completed Building Connections more than 12 months ago, I will be required to complete and pay for Building Connections again.
3. I understand that completion of the six (6) individual counselling sessions is valid for 12 months. If I don't engage in completing PnP within the 12 months of completing individual counselling, I will be required to complete the entire program from the beginning.
4. I understand that I have 12 weeks from when I make my first appointment to complete the individual counselling component of the ARCK program.

KAYAKS PROGRAM SPECIFIC

1. I understand that two (2) parent consent is required for the KAYAKS program to be offered. If I hold sole parental responsibility/decision making, I will send the court order stating this to the Client Pathways Officer; two (2) parent consent will not be required if I hold sole parental responsibility/decision making.

- I have read and understand the above terms.
- I agree to the above terms.

Client Name:

Signed (Client):

Date:

If you have any questions or clarifications, please don't hesitate to contact us on (02) 6162 5800 or intake@mccg.org.au.