# Safety Programme Request – FV3A

This form may be used by protected people and specified people named on a Protection Order to make a request to the Registrar for a Safety Programme where a Protection Order is in place.

You can also request a programme by phone at 0800 268 787 or 09 351 2820

**Tell us about the Protection Order**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family court where protection order was granted (or FAM case number if known): | | | | | | | |  | | | | | | |
|  | | |  | | | | | | | | | | | |
| Name of the applicant: | | |  | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| Gender: | Choose an item. | | | DOB: | |  | | | Age: | |  | Ethnicity: | |  |
|  | |  | | |  | |  | | |  | | |  | |
| Name of the respondent to the protection order: | | | | | | | |  | | | | | | |

**Who wants the safety programme?**

|  |  |
| --- | --- |
|  | I am the applicant, or a protected person named on the order, and I would like an Adult Safety programme |
|  | I am a child named on the order and I would like a Safety Programme |
|  | I am the protected person, and I would like a Child Safety programme for the children listed below who are covered under the protection order (for children 3 and older). |

|  |  |  |  |
| --- | --- | --- | --- |
| Names of all people requesting a programme | DOB | M/F | Ethnicity |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |

**Contact details of the person(s) asking for the programme**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | | | | |
| Home address: | |  | | | | | | | |
|  | |  | | | | | | | |
| Email address: | |  | | | | | | | |
|  | |  | | | | | | | |
| Home phone: |  | | | | Mobile: |  | | Work: |  |
|  |  | | | |  |  | |  |  |
| Preferred method of contact? | | | |  | | | Best time? | |  |

|  |  |
| --- | --- |
| **If programmes for children are requested, please also complete the following** | |
| Name of caregiver (and relationship to child): |  |

|  |  |
| --- | --- |
|  | I would like to attend the safety programme, where possible, with an approved agency of my choosing named below: |
|  |  |
| ***Note: A list of approved providers can be found on the Ministry of Justice website*** | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  |  |  |
| Signature of Protected Person (optional): |  | | | | | |
|  |  | | | | | |
| Date: |  | |  | | | |
|  |  | | | | | |

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| --- |
| If the respondent has not yet attended a non-violence programme, please note the following:  When the defendant/respondent is attending a non-violence programme, their service provider may get in touch with you to understand your views about any safety issues. They keep your details and any information in a secure manner, and would not let the defendant/respondent know that they have been in contact with you or tell them about any information you choose to give them. |