# Assessment Outcome: terms not settled - FVPP02B

When the client has completed an assessment, and the terms of attendance have **not** been settled, the service provider must notify the Registrar and send the result of the assessment using this form.

Please note: where terms of attendance are settled, providers should use a FVPP02A. If the provider and client agree on assessment deferral for attendance at mental health, alcohol or drug treatment a FVPP02C should be used.

If you are unable to begin the assessment or wish to make a referral to a different provider, location or programme, or a deferral of programme is recommended, a FVPP03 should be completed.

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| --- | --- | --- | --- |
|  | Attendance directed under the Family Violence Act 2018 |  | Attendance as part of pre-sentencing in the Criminal Court |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | | |
| Client name: |  | | | | |
|  |  | | | | |
| Court Reference No.: |  | | |  |  |
|  |  |  |  |  |  |
| Client contact details: |  | | | | |
|  |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The client attended a: | | | | | |
|  | Long assessment |  | Medium assessment |  | Short assessment |
|  |  |  |  |  |  |

## Terms of Attendance Not Settled

|  |  |  |  |
| --- | --- | --- | --- |
| Fill in this section if you are unable to settle the terms of attendance because the client: | | | |
|  | Refuses to sign |  | Refuses to agree to programme content |
|  | Refuses to agree to programme length |  | Refuses to agree to programme timing |
| Provide detail of reason(s) selected above: | | | |
|  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Detail below the programme sessions and venue you have recommended to the client (if any): | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Address where sessions will be held: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| **Programme Type** | | | | | | | | | | | | | | |
|  | Group Programme | | | | | | | |  | Individual Programme | | | | |
|  |  | | | | | | | |  |  | | | | |
| Total number of sessions: | | | |  | | | |  | | | | | | |
|  | | |  | | | |  | | | | | |  | |
| Sessions will be held at the following days and times: | | | | | | | | | | | | | | |
| From: | | (time) | | | to: | (time) | | | | | on |  | | (day) |
| Comments (Describe any discussions around options for days, times and venue for programme, including if remote sessions were offered): | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

## Service provider and facilitator details

The information in this form has been completed by the approved facilitator named below:

|  |  |  |
| --- | --- | --- |
|  |  | |
| Organisation name: |  | |
|  |  | |
| Facilitator name: |  | |
|  |  | |
| Date: |  |  |
|  |  | |