# Provision of Non-violence Programme is Inappropriate - FVPP03

This form is to be used if the assessor determines;

* there is a good reason for not undertaking the assessment, or
* that it is no longer appropriate or practicable to provide the programme, or
* the programme should be delayed to enable other matters to be addressed first, or
* the need for a different programme or service provider to more closely match client need.

In these instances, the service provider must notify the Respondent and the Registrar. By completing this form, the assessor is requesting DV programmes team to action this change on the assessor’s behalf. In completing this form, the assessor is also notifying the Court the agency referral is being closed for this client.

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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: | |  | | | | | | | |
|  | |  | | | | | | | |
| No. of sessions agreed: | |  | | No. of sessions attended: | | |  | | |
|  | |  | |  | | |  | | |
| Date of closure: | |  | |  | | |  | | |
|  |  | | | | | | | | |

## Not appropriate or practicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | It is not appropriate to undertake an assessment or no longer appropriate or practicable to provide the programme to the client because: | | | |
|  |  | | Mental health or drug/alcohol issues to be addressed |  | Conflict of interest |
|  |  | | Change of circumstances |  | Other (detailed below) |
|  |  | | Change of location (please provide new address for service below) | | |
| Provide details of any new address or location, and reasons for the decision to close the file: | | | | | |

## Or 2. Referral to different family violence service provider

|  |  |  |  |
| --- | --- | --- | --- |
| **Only fill this section if a referral to a different service provider is required** | | | |
| I have determined that there is an appropriate non-violence programme for the client to attend; but I am unable to provide that programme because: | | | |
|  | Programme with cultural match recommended |  | Different location required |
|  | Programme for specialist needs recommended |  | Conflict of interest identified |
|  | Other |  |  |
|  | | | |
| Reasons/details for selecting any of these options: | | | |
|  | | | |
|  | | | |

## Or 3. Inappropriate to continue: referral back to court for service to be delayed

|  |  |
| --- | --- |
| **Only fill this section if recommending a delay to the programme:** | |
|  | The client’s attendance at a programme should be delayed allowing mental health, drug and alcohol, or other issues to be addressed and we have not been able to agree on a deferral date or treatment plan |
|  | Other |
|  | |
| Reasons/details for selecting any of these options (required): | |
|  | |
|  | |

## Programme closure information

|  |  |
| --- | --- |
| The agency referral is being closed for this client | |
|  | The client has not achieved the objectives of the programme for the reasons detailed above, and I am closing the agency referral for this client. |
|  | I have serious current concerns about the safety of a protected person and a Notice of Safety Concerns (FVPP01B) accompanies this form. |

**Service provider and facilitator details**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | | |
| **Organisation name** |  | | | | |
|  |  | | | | |
| **Facilitator name** |  | | | | |
|  |  |  |  |  |  |
| **Date** |  |  |  |  |  |