# Strengthening Safety Services Completion Notice – FVPP13

|  |
| --- |
| For services provided as part of the Ministry of Justice initiative |
| Please send this form to the Registrar on completion of either a short, medium or long assessment/service under a Strengthening Safety Service, or if you need to refer the client back to the court to be referred to another provider.  (For clients on Safety Programmes under the Family Violence Act, please use form FVPP08.) |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | |
| Client name: |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Court Reference No.: |  | | | | | | | |  |  |
|  |  | |  |  | | | | |  |  |
| Client contact details: |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Date of Court Reference: | |  | | |  | **Date of final contact:** | |  | | |
|  | |  | | |  | |  | | | |

## Outcome (select short, medium or long outcome section)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | --- | --- | | Short, Medium or Long Assessment/Service |  | | | | | | | | |
|  | | The client was unable to be contacted, **or** | | | | | | | |
|  | | I carried out the below assessment with this client | | | | | | | |
|  | Short Assessment | | | | | | Medium Assessment | Long Assessment |  |
|  | | | | **and** | | | | | |
|  | | |  | | | I assessed the client’s safety risks and needs and worked on safety planning with them, **and/or** | | | |
|  | | |  | | | The client booked a further appointment but did not attend. I have been unable to re-engage | | | |
|  | |  | | |  | | | | |
|  | |  | | | | | | | |

|  |  |
| --- | --- |
| New Referral Required (to an approved provider) | |
|  | I recommend this client be referred to a different service provider for the following reasons: |
|  | |

## Service provider and facilitator details

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

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