**Funding to Attend an Existing Group Application Form**

**Please ensure you save this form to your computer prior to filling in your details.**

**PART A: General Information**

1. I have read, understood and agree to follow the Funding to Attend an Existing Group Application Guidelines outlined at [frmp.org.au/frmp-brokerage](https://www.mcm.org.au/homelessness/frontyard/our-services/family-support/family-reconciliation-mediation-program/frmp-brokerage).

□ Yes

2. I am submitting this application on behalf a young person who meets the eligibility criteria outlined at [frmp.org.au](https://www.mcm.org.au/homelessness/frontyard/our-services/family-support/family-reconciliation-mediation-program/frmp-find-a-practitioner?coordinate=-37.783%2C145.385&location=Mount%20Evelyn%20VIC%2C%20Australia&state=VIC).

□ Yes

3. Has this young person accessed FRMP funding for Group Work/Therapy before?

No

Yes → when:

 4. When will the current support period with the young person expire?

Date:

If unknown, please explain why?

# **Part B: Details of Support Worker**

1. Please complete your details below

|  |  |
| --- | --- |
| Organisation |  |
| Program |  |
| Name of Worker |  |
| Job Title |  |
| Phone / Mobile |  |
| Email |  |
| Address |  |
| **Suburb:** | **Postcode:** |

**Part C: Details of Young Person**

 1 Name:

|  |  |  |
| --- | --- | --- |
|  |  |  |

1. Date of birth:

 **Day Month Year**

1. Age:
2. Gender: □ Female □ Male □ Another: □ Prefer not to say
3. Type of accommodation the young person is living in:
4. Who does this young person live with?
5. Length of homelessness:
6. Cultural identity:
* Australian
* Aboriginal and/or Torres Strait Islander
* Multicultural – For multicultural young people, please state the culture the young person identifies with:

# **Part D: Group Work/Therapy details (compulsory)**

|  |  |
| --- | --- |
| Name of the organisation delivering the Group Work/Therapy |  |
| The Group Facilitator meets the legal requirements to work with young people (relevant qualifications, Working with Children Check & Police Check)  | NoYes  |
| Name of the Group Work/Therapy program |  |
| Cost | $ |
| Number of sessions  |  |
| Duration of each session |   |
| Estimated start date |   |
| Estimated end date |  |
| Phone |  |
| Email |  |
| Website |  |
| Address |  |
| **Suburb:** | **Postcode:** |

Funding is allocated to assist the young person to:

* stay or return home, if safe and appropriate, and/or
* recover from trauma related to family conflict and breakdown, and/or
* connect/reconnect with family, culture or other natural supports.

Please provide details of how participating in this group-based program will support the young person in one or more of the above areas.

What strategies will you put in place to support the young person to attend all group-based sessions?

Date:

# **How to send the form**

Please email this completed form to frmp@mcm.org.au with supporting documents