

# Funding to Run Your Own Group Application Form

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

# Part A: Eligibility criteria

1. I have read, understood and agree to follow the In-house Group Work/Group Therapy 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 group of young people who meet 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. Have you accessed FRMP funding for Group Work/Therapy before?

No

Yes → when:

4. I confirm that my agency is not able to obtain other financial support for the expenses outlined in this application

Yes

**Part B: Details of person responsible for planning and implementing this Group Work/Group Therapy activity**

|  |  |  |
| --- | --- | --- |
| Organisation |  | |
| Program |  | |
| Name |  | |
| Job Title |  | |
| Contact number |  | |
| Email |  | |
| Address |  | |
| Suburb: | Postcode: |

Background pattern

Description automatically generated with medium confidence

# Part C: Group Work/Group Therapy Detail

1. Name of the Group

|  |
| --- |
|  |

1. Funding is allocated to assist young people 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 activity will support the young people or their parents/carers in one or more of the above areas.

Background pattern

Description automatically generated with medium confidence

1. Please provide details of the Group Work/Group Therapy participants below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | DOB | Gender | Current living arrangement | Length of homelessness | Cultural identity |
|  |  |  |  |  |  |
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1. If this is an established program such as Drumbeat, Tuning into Teens, etc. please provide link to website below or attach program outline to this application.

Background pattern

Description automatically generated with medium confidence

If you are developing your own group-based activity, please complete the table below. Add rows below if more than 5 sessions

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Session no. | Date | Duration | Location | Activity Category | Materials | Activity Name and Description | Group facilitator role | Activity Outcome |
| *Example* | *10/10/10* | *1 hour* | *Online* | *Skill-building* |  | *Goals and Choices: Participants make a list and discuss what they want versus what they need.* | *The therapist facilitates discussion about how goals, wants and needs are always set internally. No one else can set them for you.* | *Support participants to set “big wins” that they want to achieve and think about how they can break long-term goals into shorter, manageable pieces to help them achieve their goals* |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |

5. Will any external workers or specialists be involved in the delivery of this group-based activity? □No

□Yes

6. If yes, do they meet the legal requirements to work with young people (relevant qualifications, working with children check & police check)

□No

□Yes

7. Is there an evidence-base for this group-base activity? If so, please share relevant information below, i.e. link to website, research papers, etc.

8. Proposed expenditure

|  |  |  |
| --- | --- | --- |
| **Items** | **Detail** | **Cost $** |
| External group facilitator |  |  |
| Venue hire |  |  |
| Catering |  |  |
| Materials/Equipment |  |  |
| Other |  |  |
| **Total** |  |  |

$

9. Total amount of FRMP funding requested

10. If you have additional information to support this application, please include below:



Date:

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

**Day Month Year**

## **How to send the form**

Please email this completed form to [frmp@mcm.org.au](mailto:frmp@mcm.org.au) with supporting documents.