

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.

Yes

2. I am submitting this application on behalf a young person who meets the eligibility criteria outlined at frmp.org.au.

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	<input type="text"/>	
Program	<input type="text"/>	
Name of Worker	<input type="text"/>	
Job Title	<input type="text"/>	
Phone / Mobile	<input type="text"/>	
Email	<input type="text"/>	
Address	<input type="text"/>	
	Suburb:	Postcode:

Part C: Details of Young Person

1 Name:

2 Date of birth:

Day

Month

Year

- 3 Age:
- 4 Gender: Female Male Another: Prefer not to say
- 5 Type of accommodation the young person is living in:
- 6 Who does this young person live with?
- 7 Length of homelessness:
- 8 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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