

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.

Yes

2. I am submitting this application on behalf a group of young people who meet the eligibility criteria outlined at frmp.org.au.

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:

Part C: Group Work/Group Therapy Detail

1. Name of the Group

2. 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.

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

Name	DOB	Gender	Current living arrangement	Length of homelessness	Cultural identity

4. 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.

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
<i>Example</i>	<i>10/10/10</i>	<i>1 hour</i>	<i>Online</i>	<i>Skill-building</i>		<i>Goals and Choices: Participants make a list and discuss what they want versus what they need.</i>	<i>The therapist facilitates discussion about how goals, wants and needs are always set internally. No one else can set them for you.</i>	<i>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</i>
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 with supporting documents.