

Neuropsychological Assessment 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 Neuropsychological Assessment 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 an assessment before?

No

Yes → when:

4. Please consult a government-funded neuropsychological assessment agency before submitting this application and indicate below the date they provide for the next available appointment.

Government funded agency consulted

Next available appointment date

Part B: Details of support worker

1 Please fill in your details below

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

Part C: Details of young person

1 Name:

2 Date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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: Client Case Plan (compulsory)

FRMP brokerage 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 the neuropsychological assessment will support the young person in the one or more of the above areas. This should include information about the young person's history and current circumstances.

Identify the purpose

Please state the purpose behind referring the young person for a neuropsychological assessment. Please consider the following questions.

- What do you hope to learn/understand about the young person by obtaining a neuropsychological report?
- Will the assessment help to determine whether the young person should be referred elsewhere for further assistance or supports?

- Will the young person benefit in some other way (ie self-understanding) by the findings contained in a neuropsychological report?

Urgency of the assessment

Please state the urgency for the neuropsychological assessment.

If applicable, provide the preferred date for the report and explain the reason for that date.

Name of practitioner selected from the [FRMP Register](#)

Please note: FRMP will only fund one assessment neuropsychological assessment per young person

I have attached a supporting letter from a GP or psychologist.

Please see Neuropsychological Assessment Guidelines at frmp.org.au/frmp-brokerage for more information.

Yes

Date:

How to send the form

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