

Therapeutic Interventions 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 Therapeutic Interventions 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 a therapeutic intervention 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		
Work Phone / Mobile		
Work Email		
Work Address		
	Suburb:	Postcode:

Part C: Details of Young Person

2 Name:

3 Date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

4 Age:

5 Gender: Female Male Another: Prefer not to say

6 Type of accommodation the young person is living in:

7 Who does this young person live with?

8 Length of homelessness:

9 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)

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 FRMP funding will support the young person in one or more of the above areas.

- 10 Which of the following therapeutic interventions are you applying for on behalf of the young person?

- 11 Name of the Private Practitioner selected from the [FRMP Register](#):

- 12 Please confirm that the Private Practitioner has capacity to see the young person before proceeding with the application. Please indicate estimated date of initial appointment.

Date:

- 13 Explain your reasons for selecting the above Private Practitioner

- 14 What has the young person chosen as their preferred way to attend therapeutic sessions?

- Face-to-face
 Telehealth

Date:

How to send the form

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