

FRMP brokerage for a therapeutic intervention application checklist (compulsory)

14. Please read and make sure you have fulfilled the criteria and understand your responsibilities:

- I have provided the relevant part of the case plan goals for this young person
- I will provide an evaluation at the end of the intervention
- I will contact FRMP if any of the following occurs:
 - The young person ceases attending the intervention
 - The intervention has not started within a month after the approval date

Date:

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Day

Month

Year

How to send the form

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