# Assessment Outcome: terms not settled - FVPP02B

When the client has completed an assessment, and the terms of attendance have **not** been settled, the service provider must notify the Registrar and send the result of the assessment using this form.

Please note: where terms of attendance are settled, providers should use a FVPP02A. If the provider and client agree on assessment deferral for attendance at mental health, alcohol or drug treatment a FVPP02C should be used.

If you are unable to begin the assessment or wish to make a referral to a different provider, location or programme, or a deferral of programme is recommended, a FVPP03 should be completed.

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Attendance directed under the Family Violence Act 2018 | [ ]  | Attendance as part of pre-sentencing in the Criminal Court |

|  |  |
| --- | --- |
|  |  |
| Client name: |       |
|  |  |
| Court Reference No.: |       |  |  |
|  |  |  |  |  |  |
| Client contact details: |       |
|  |  |

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| --- |
| The client attended a: |
| [ ]  | Long assessment | [ ]  | Medium assessment | [ ]  | Short assessment |
|  |  |  |  |  |  |

## Terms of Attendance Not Settled

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| --- |
| Fill in this section if you are unable to settle the terms of attendance because the client: |
| [ ]  | Refuses to sign | [ ]  | Refuses to agree to programme content  |
| [ ]  | Refuses to agree to programme length | [ ]  | Refuses to agree to programme timing |
| Provide detail of reason(s) selected above: |
|       |

|  |
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| Detail below the programme sessions and venue you have recommended to the client (if any): |
|  |  |
| Address where sessions will be held: |
|       |
|  |  |
| **Programme Type** |
| [ ]  | Group Programme | [ ]  | Individual Programme |
|  |  |  |  |
| Total number of sessions:  |       |  |
|  |  |  |  |
| Sessions will be held at the following days and times: |
| From: |       (time) | to: |       (time) | on |       | (day) |
| Comments (Describe any discussions around options for days, times and venue for programme, including if remote sessions were offered): |
|       |
|  |

## Service provider and facilitator details

The information in this form has been completed by the approved facilitator named below:

|  |  |
| --- | --- |
|  |  |
| Organisation name: |       |
|  |  |
| Facilitator name: |       |
|  |  |
| Date: |       |  |
|  |  |