# Notice of Change to Non-violence Programme – FVPP06

Please provide this form to the Registrar when a variation to the terms of attendance settled for the programme structure or sessions has been agreed with the participant. Changes agreed must be within the limits of the Code of Practice. *(Please note any programme support hours must not exceed a total of 4 hours over the entirety of a programme)*

**Extensions** can only be made up to the maximum Code or Contract allowances: Group programmes to a maximum of 52 hours for high risk clients, or 40 hours for low or medium clients. Individual programme maximum is 15 hours, or 25 hours for high risk and complex needs clients.

**Changes** to an existing programme can be settled within the first few sessions to allow for a full entitlement of the programme hours as detailed above.

*Note:* *For a change of provider please use an FVPP03 as a new referral will be required.*

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

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| Client name: |       |
|  |  |
| Court Reference No.: |       |  |  |
|  |  |  |  |  |  |
| Client contact details: |       |
| **Type of change (select one option)**

|  |
| --- |
| **1. Extension to current service** |
|  |  |
| [ ]  | The client requires       (number of) additional sessions: |
|  | [ ]  | Group  | [ ]  | Individual |
| Reason you are recommending this change: |
|       |
|  |  |
| [ ]  | The client has been consulted about the change. |
|  | **Please wait for confirmation from the Court before proceeding with extension** |
| **2. Change to programme** |
|  |  |
| [ ]  | I recommend this client attend a different programme to the one I originally recommended. I now recommend: |
| [ ]  | **Predominately group programme** (max of 30 hours for group sessions) |
|  | Number of group **sessions**:       |
|  | Number of additional or family **sessions**:       (max 3 one-hour sessions) |
|  | Total number of **sessions** planned (group plus individual):       |
|  | Total number of **hours** planned (group plus individual):       (max of 33 hours) |
|  | The programme is expected to finish by:       (date) |
|  | **OR** |
| [ ]  | **Predominately individual programme** |
|  | Number of individual **sessions**:       (max 10 one-hour sessions) |
|  | Number of additional group **sessions**:       (max of 3 group sessions) |
|  | Total number of **sessions** planned (individual plus group):       |
|  | Total number of **hours** planned (individual plus group):       (max of 19 hours in total) |
|  | The programme is expected to finish by:       (date) |
| Summary of why you are making the change: |
|       |

 |  |

**Current programme**

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| **The client has been attending the following type of programme:** |
|  |  |
| [ ]  | Group programme | [ ]  | Individual programme |
|  |  |  |  |
| **The client has attended** **(number of) sessions of a planned     (number of sessions)** |
| **Please select the reason(s) for the change and provide detail:** |
| [ ]  | Participant has had a change of circumstances with employment | [ ]  | Illness or agreed absence has delayed completion |
| [ ]  | Provider initiated change | [ ]  | Other |
| **Provide detail of the reason for change:** |
|       |

**Type of change (select one option)**

|  |
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| **1. Extension to current service** |
|  |  |
| The client requires     (number of) additional sessions (within maximum allowed): |
|  | [ ]  | Group  | [ ]  | Individual |
| Reason you are recommending these additional sessions |
|       |
| **2. Change of programme venue** |
| New venue address: |
|       |

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| **3. Change to programme type (only allowed if client requires change within first few sessions)** |
|  |  |
| [ ]  | I have resettled terms with this client and have agreed to a different programme to the one I originally notified to the court. I now recommend: |
| [ ]  | **Predominately group programme**  |
|  | Number of group **sessions**:     |
|  | Total number of **hours** planned:       |
|  | The programme is expected to finish by:       (date) |
|  | **OR** |
| [ ]  | **Predominately individual programme** |
|  | Number of individual **sessions**:     |
|  | Total number of **hours** planned:     |
|  | The programme is expected to finish by:       (date) |
|  |  |
| Sessions will be held at the following day and time: |
| From: |       (time) | to: |       (time) | on |       (day) |
|  |  |  |  |  |  |  |
| Client agreement to change |
| **I have been given details of the new programme sessions dates and agree to them:** |
| Participant signature: |  | Date: |       |
|  |
| If terms were agreed remotely, provide detail: | *eg. agreed by text or phone call, date and time*.       |

## Service provider and facilitator details (must be completed)

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

|  |  |
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|  |  |
| Organisation name: |       |
|  |  |
| Facilitator name: |       |
|  |  |
| Signature: |       |
|  |  |
| Date: |       |  |