# Safety Programme Sessions Completion Report -FVPP09

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| Safety programmes provided under the Family Violence Act 2018 |
| Please submit this form when safety programme sessions have been completed.If there was any change made to the programme after submitting the FVPP08 please outline these changes in the relevant section below. Noting that any change to the programme type should have occurred within 2-3 sessions and any extension would be a maximum of 5 additional sessions. |

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| Client name: |       |
|  |  |
| Court Reference No.: |       |  |  |
|  |  |  |  |  |  |
| Client contact details: |       |
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## Sessions

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| The client has completed the following programme: |
|  |  |
| [ ]  | Adult Safety Programme | [ ]  | Child Safety Programme |
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## Outcomes

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| Final session completed on: |       |
|  |  |
| The client undertook a predominately: |
| [ ]  | Group Programme | [ ]  | Individual Programme |
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| Number of **group sessions** completed:      |  |
| Number of **individual sessions** completed:      |  |
| Number of **support hours** completed:      | *(Maximum of 3 hours)* |

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| **New Safety Programme Referral Required (to an approved provider)** |
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| [ ]  | I recommend this client be referred to a different service provider for the following reasons (please include new location/provider):. |
|  |       |

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| If the client’s completed programme detailed above differs from the programme outlined on the FVPP08: |
| Please explain what changes were made and outline the reasons for these changes: |
|       |

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| Outcome of safety programme sessions |
| Please select from one of the following statements then provide a brief summary of what you think the outcome of the programme has been for your client: |
| [ ]  | In my opinion, the overall objectives of the programme sessions have been met and changes have taken place that will improve the safety for this client and their children, |
|  | **OR** |
| [ ]  | In my opinion, the client’s circumstances remain largely unchanged and any improvement to safety for the client/the client’s child(ren) is only likely to have a short-term effect |
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| **Reasons for opinion** |
| Please provide a brief summary of the reasons for your opinion: |
|       |
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## Service provider’s details

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

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