# Non-violence Programme Completion Report – FVPP05

Please provide this report to the Registrar, without delay, when a respondent has completed a non-violence programme

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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.: |  | | | | |  |
|  |  |  | | |  | |
| Number of sessions attended: |  | |  | | | |
|  |  | | | | | |
| Number of support sessions attended: |  | |  | | | |
|  |  | | | | | |
| Date of last session: |  | | |  | | |
|  |  | | | | | |

## Objectives

The objective of a non-violence programme is to stop or prevent family violence on the part of the client.

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| --- | --- |
| Please select either ‘achieved’ or ‘not achieved’ then complete the relevant section over page: | |
|  | In my opinion, the client has achieved the primary objective of a non-violence programme – go to ‘objective achieved’, **OR** |
|  | In my opinion, the client has NOT achieved the primary objective of a non-violence programme – go to ‘objective not achieved’. |

### Objectives achieved (please tick all that apply)

|  |  |
| --- | --- |
| In my opinion, the client has achieved the primary objective of a non-violence programme. They have: | |
|  | attended all sessions and completed the requested tasks |
|  | acknowledged responsibility for the behaviour that resulted in the referral |
|  | undertaken sufficient empathy and victim impact work regarding those affected to satisfy programme goals |
|  | put in place safety and relapse prevention plans |
| Comments/Summary: | |
|  | |
| Recommendations: | |
|  | |

### Objectives not achieved (please tick all that apply)

|  |  |
| --- | --- |
| In my opinion, the client has NOT achieved the primary objective of a non-violence programme, because: | |
|  | they did not attend all sessions and/or completed the requested tasks |
|  | behaviour that resulted in the referral was not acknowledged |
|  | insufficient empathy and victim impact was demonstrated |
| Comments/Summary: | |
|  | |
| Recommendations to client: | |
|  | |

## Safety Concerns (only complete if relevant)

|  |  |
| --- | --- |
|  | I have serious current concerns about the safety of a protected person and a Notice of Safety Concerns (FVPP01) accompanies this form. |
|  | I have previously filed Notice(s) of Safety Concerns whilst undertaking the assessment or during provision of the programme. |

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

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

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