**THIS FORM MUST BE COMPLETED & LODGED WITH THE COURT (& COPIED TO VICTORIA LEGAL AID) AT THE TIME OF FILING A PROTECTION APPLICATION. A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Hearing** | **Name of Child/YP** | **DOB** | **Address** |  |
|  |  |  |  | Aboriginal but not Torres Strait Islander  Torres Strait Islander but not Aboriginal  Both Aboriginal & Torres Strait Islander  Not Aboriginal or Torres Strait Islander  Not known |
|  |  |  |  | Aboriginal but not Torres Strait Islander  Torres Strait Islander but not Aboriginal  Both Aboriginal & Torres Strait Islander  Not Aboriginal or Torres Strait Islander  Not known |

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| --- | --- | --- | --- | --- | --- | --- |
| **Relationship to Child/YP** | **Name** | **DOB** | **Served?**  **Y/N** | **Ph. No.** | **Address & EMAIL**  **(include if in custody or hospital)** |  |
| **Parent** |  |  |  |  |  | Aboriginal but not Torres Strait Islander  Torres Strait Islander but not Aboriginal  Both Aboriginal & Torres Strait Islander  Not Aboriginal or Torres Strait Islander  Not known |
| **Parent** |  |  |  |  |  | Aboriginal but not Torres Strait Islander  Torres Strait Islander but not Aboriginal  Both Aboriginal & Torres Strait Islander  Not Aboriginal or Torres Strait Islander  Not known |
| **Parent** |  |  |  |  |  | Aboriginal but not Torres Strait Islander  Torres Strait Islander but not Aboriginal  Both Aboriginal & Torres Strait Islander  Not Aboriginal or Torres Strait Islander  Not known |
| **Step-parent** |  |  |  |  |  | Aboriginal but not Torres Strait Islander  Torres Strait Islander but not Aboriginal  Both Aboriginal & Torres Strait Islander  Not Aboriginal or Torres Strait Islander  Not known |
| **Relationship to Child/YP** | **Name** | **DOB** | **Served?**  **Y/N** | **Ph. No.** | **Address & EMAIL**  **(include if in custody or hospital)** |  |
| **Step-parent** |  |  |  |  |  | Aboriginal but not Torres Strait Islander  Torres Strait Islander but not Aboriginal  Both Aboriginal & Torres Strait Islander  Not Aboriginal or Torres Strait Islander  Not known |
| **Kin or person of significance to child/YP** |  |  |  |  |  | Aboriginal but not Torres Strait Islander  Torres Strait Islander but not Aboriginal  Both Aboriginal & Torres Strait Islander  Not Aboriginal or Torres Strait Islander  Not known |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Undisclosed placement details (if applicable)** | |  | **After hours application (if applicable)** | |
| **Name of placement** | **Address of placement** |  | **Name of AH applicant** | **DFFH office responsible** |
|  |  |  |  |  |

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| **Are there any related Family Violence Intervention Orders?**  (DFFH may enquire and obtain copies of IVOs through the Family Violence Information Sharing Scheme through [informationsharing@courts.vic.gov.au](mailto:informationsharing@courts.vic.gov.au)) | | |
| Not Known | No | Yes – provide details below |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case number** If known | **Applicant Details** Name & Agency e.g. VICPOL/DFFH/Private | **AFM/s** If multiple AFMs, please list each name in a separate box | | **Respondent** |
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