**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.**

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| --- | --- | --- | --- | --- |
| **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 |

|  |  |  |
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| **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) |
| [ ]  Not Known | [ ]  No | [ ]  Yes – provide details below |

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