

# Not In My House Resource Order Form

## BaptistCare Counselling and Family Services

BaptistCare Counselling and Family Services has been active in providing counselling and group programs for individuals and families affected by domestic and family violence for over 30 years. Women and children impacted by domestic and family violence have said, 'we want our stories to be told' and 'we want to stop this happening to others'.

The 'Not In My House' DVD vignettes and training manual were developed as a resource for educators involved in training workers to respond to domestic and family violence and for use in men's behavioural change programs.

### DVD - \$10.00

The 'Not in My House' DVD depicts seven powerful and evocative stories drawn from Australian families impacted by domestic and family violence.

Preview the Not In My House DVD trailer on BaptistCare's You Tube Channel  
[www.youtube.com/BaptistCare NSWACT](http://www.youtube.com/BaptistCare NSWACT)

### Manual - \$25.00

The 'Not in My House' training manual is a resource for skilled trainers and group facilitators to explore the dynamics of domestic and family violence and its impact on women and children. Professionals with extensive experience in the field of domestic violence are invited to utilise this resource for practitioner training and in men's behaviour change group work.

This project was developed with funding through the NSW Department of Family and Community Services, Policy and Strategy Office for Women's Policy, Violence Prevention Coordination Unit.

## TAX INVOICE

This form becomes a Tax Invoice on payment  
BaptistCare NSW & ACT - ABN 90 000 049 525

### 1. My Order

CODE	DESCRIPTION	COST	QUANTITY	TOTAL
<b>NIMH 1 MANUAL</b>	Not in My House Manual	\$25.00		\$
<b>NIMH 1 DVD</b>	Not in My House DVD	\$10.00		\$
<b>Postage and Handling included</b>				\$ 0.00
(All prices include GST) <b>TOTAL</b>				<b>\$</b>

### 2. Payment

I enclose my cheque made payable to:  
BaptistCare NSW & ACT

**OR**

Please debit my credit card:  Visa OR  MasterCard

..... / ..... / .....

Name of cardholder \_\_\_\_\_

Signature \_\_\_\_\_ Expiry ..... / .....

<b>OFFICE USE ONLY:</b>	Amt Received:	<input type="text"/>
Date Received:	Distribution:	<input type="text"/>

### 3. My Details

PLEASE CIRCLE  
Rev / Dr / Mr / Mrs / Ms / Miss

PLEASE PRINT  
First name \_\_\_\_\_

Surname \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

H ( ) \_\_\_\_\_

W ( ) \_\_\_\_\_

Email \_\_\_\_\_



**Please send completed order forms with payment to:**

**Attn:** Not In My House

**Mail:** PO Box 27, CAMPBELLTOWN NSW 2560 OR

**Fax:** (02) 4627 2650

For more information about this product, contact  
**BaptistCare Counselling and Family Services**  
[ask@baptistcare.org.au](mailto:ask@baptistcare.org.au) or (02) 4624 8700.