

<b>REFERRING ORGANISATION DETAILS</b>	Organisation:				Referral date:		
	Contact name:		Contact number:				
	Email:						
<b>*PLEASE NOTE: THE REFERRAL WILL NOT BE ACTIONED IF THIS SECTION IS INCOMPLETE*</b>							
<p>I give permission for the above agency to share the following details and information with the Domestic Violence Prevention Centre (DVPC) Gold Coast Inc. I understand that DVPC will then contact me on the provided contact details below to offer free and confidential domestic and family violence information, support and counselling services.</p>							
Signed:		Verbal consent given: <input type="checkbox"/> Y <input type="checkbox"/> N					
<b>REFERRED CLIENT DETAILS</b>	Referred client's name:						
	Primary guardian's name and relationship to client: <i>(If relevant)</i>						
	DOB:		Age:		Gender:		
	Does the client identify as:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	<input type="checkbox"/> Neither		
<b>CONTACT INFORMATION</b>	Street address:						
	Suburb:		Postcode:				
	Is it safe to mail DVPC info pack to home address?				<input type="checkbox"/> Y <input type="checkbox"/> N		
	Mobile phone:		Home phone:				
	Please select preferred/safe methods of contact: <i>*We will only use SELECTED methods.</i>			Please indicate any specific safety CONTACT concerns:			
	<input type="checkbox"/> CALL <input type="checkbox"/> SMS <input type="checkbox"/> Leave a voice message <input type="checkbox"/> Disclose where we are calling from (DVPC)						
	Interpreter required: <input type="checkbox"/> Y <input type="checkbox"/> N			Language:			
	Client email:		Safe to email? <input type="checkbox"/> Y <input type="checkbox"/> N				
	Emergency contact name:						
	Emergency contact relationship:						
	Emergency contact phone number:						
	Please select appropriate methods for emergency contact: <i>*We will only use SELECTED methods.</i>			Please indicate any specific safety CONTACT concerns relating to emergency contact:			
	<input type="checkbox"/> CALL <input type="checkbox"/> SMS <input type="checkbox"/> Leave a voice message <input type="checkbox"/> Disclose where we are calling from (DVPC)						

# Referral Form

into Domestic Violence Prevention Centre  
Gold Coast, Beenleigh, Eagleby  
Children and Young People

<b>RELATIONSHIP INFORMATION</b>	Person identified as perpetrator:					
	DOB:		Age:		Gender:	
	Address/known location:					
	Type of relationship:	<input type="checkbox"/> Intimate <input type="checkbox"/> Partner/current <input type="checkbox"/> Ex-partner/separated <input type="checkbox"/> Family <i>(Please specify familial relationship details)</i>				
<b>RECENT INCIDENT DETAILS</b>	Recent incident date/time/location:					
	Reported to Police:	<input type="checkbox"/> Y <input type="checkbox"/> N	Investigating Officer and station:			
	Medical attention:	<input type="checkbox"/> Y <input type="checkbox"/> N	Hospital details:			
	Other relevant agencies involved (i.e. Housing, Legal, Child Safety):					
	<input type="checkbox"/> Y <input type="checkbox"/> N	Provide details:				
<b>CHILD/REN DETAILS</b>  <i>(Please include additional and/or relevant children details in 'Further Relevant Information')</i>	Name:					
	DOB:		Age:		Gender:	
	Relationship to perpetrator:		Relationship to referred person:			
	Name:					
	DOB:		Age:		Gender:	
	Relationship to perpetrator:		Relationship to referred person:			
	Name:					
	DOB:		Age:		Gender:	
	Relationship to perpetrator:		Relationship to referred person:			
	Name:					
	DOB:		Age:		Gender:	
	Relationship to perpetrator:		Relationship to referred person:			
	<b>REFERRAL INTO DVPC FOR:</b>	<input type="checkbox"/> Risk & Safety Assessment <input type="checkbox"/> Safety Planning <input type="checkbox"/> Systems Response <input type="checkbox"/> Advocacy Support <input type="checkbox"/> Court Support <input type="checkbox"/> Women's Counselling Support		<input type="checkbox"/> Women's Group Programs <input type="checkbox"/> Children & Young People's Counselling Support <input type="checkbox"/> Children & Young People's Group Programs <input type="checkbox"/> Other (Please provide details):		

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<b>ORDERS</b>	Is there a Domestic Violence Order in place? (Previous/Conditions):	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are there Child Protection Orders in place? (Previous/Conditions):	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are there Family Law Court and/or Parenting Orders in place? (Previous/Conditions):	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>OTHER SERVICES</b>	Are there any other services currently involved? (If yes, please specify):	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are there any other services you have referred to? (If yes, please specify):	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>FURTHER RELEVANT INFORMATION</b>	<i>For example:</i> <ul style="list-style-type: none"><li>• What are the woman/child/young person's expressed concerns in relation to the D/FV?</li><li>• What are your most significant concerns in relation to the D/FV?</li><li>• What are the most recent incidents of D/FV?</li></ul>	

Thank you for sending completed referral forms to [referral@domesticviolence.com.au](mailto:referral@domesticviolence.com.au) – our Intake Team will attempt to contact the client and the referral outcome will be provided via email to the referrer.