

Referral Form

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

REFERRING ORGANISATION DETAILS	Organisation:			Referral date:	
	Contact name:		Contact number:		
	Email:	<i>(This email will be used to provide the referral outcome)</i>			

PLEASE NOTE: THE REFERRAL WILL NOT BE ACTIONED IF THIS SECTION IS INCOMPLETE

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.

Signed: _____ Verbal consent given: Y
 N

REFERRED CLIENT DETAILS	Referred client's name:					
	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	

CONTACT INFORMATION	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> <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)	Please indicate any specific safety CONTACT concerns:			
	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> <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)	Please indicate any specific safety CONTACT concerns relating to emergency contact:				

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RELATIONSHIP INFORMATION	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>				
RECENT INCIDENT DETAILS	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:				
CHILD/REN DETAILS <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:			
	REFERRAL INTO DVPC FOR:	<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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ORDERS	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
OTHER SERVICES	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
FURTHER RELEVANT INFORMATION	<i>For example:</i> <ul style="list-style-type: none">• What are the woman/child/young person's expressed concerns in relation to the D/FV?• What are your most significant concerns in relation to the D/FV?• What are the most recent incidents of D/FV?	

Thank you for sending completed referral forms to 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.