

|   |   |  |                                     |   |  |                                  |
|---|---|--|-------------------------------------|---|--|----------------------------------|
| <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<br><input type="checkbox"/> N      |  |                                  |
| <b>REFERRED CLIENT DETAILS</b>  | Referred client's name:   |  |                                     |   |  |                                  |
|   | Primary guardian's name and relationship to client:<br><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:<br><i>*We will only use SELECTED methods.</i>  |  |                                     | Please indicate any specific safety CONTACT concerns:                               |  |                                  |
|   | <input type="checkbox"/> CALL<br><input type="checkbox"/> SMS<br><input type="checkbox"/> Leave a voice message<br><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:<br><i>*We will only use SELECTED methods.</i>  |  |                                     | Please indicate any specific safety CONTACT concerns relating to emergency contact: |  |                                  |
| <input type="checkbox"/> CALL<br><input type="checkbox"/> SMS<br><input type="checkbox"/> Leave a voice message<br><input type="checkbox"/> Disclose where we are calling from (DVPC)   |   |  |                                     |   |  |                                  |

# Referral Form

into Domestic Violence Prevention Centre  
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<br><input type="checkbox"/> Ex-partner/separated<br><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<br><input type="checkbox"/> N  | Investigating Officer and station: |  |         |  |
|   | Medical attention:  | <input type="checkbox"/> Y<br><input type="checkbox"/> N  | Hospital details:                  |  |         |  |
|   | Other relevant agencies involved (i.e. Housing, Legal, Child Safety): |   |                                    |  |         |  |
|   | <input type="checkbox"/> Y<br><input type="checkbox"/> N              | Provide details:  |                                    |  |         |  |
| <b>CHILD/REN DETAILS</b><br><br><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<br><input type="checkbox"/> Safety Planning<br><input type="checkbox"/> Systems Response<br><input type="checkbox"/> Advocacy Support<br><input type="checkbox"/> Court Support<br><input type="checkbox"/> Women's Counselling Support |                                    | <input type="checkbox"/> Women's Group Programs<br><input type="checkbox"/> Children & Young People's Counselling Support<br><input type="checkbox"/> Children & Young People's Group Programs<br><input type="checkbox"/> Other (Please provide details): |         |  |

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|                                     |  |  |
|-------------------------------------|--|--|
| <b>ORDERS</b>                       | Is there a Domestic Violence Order in place?<br>(Previous/Conditions):   | <input type="checkbox"/> Y<br><input type="checkbox"/> N |
|                                     | Are there Child Protection Orders in place?<br>(Previous/Conditions):  | <input type="checkbox"/> Y<br><input type="checkbox"/> N |
|                                     | Are there Family Law Court and/or Parenting Orders in place?<br>(Previous/Conditions):   | <input type="checkbox"/> Y<br><input type="checkbox"/> N |
| <b>OTHER SERVICES</b>               | Are there any other services currently involved?<br>(If yes, please specify):  | <input type="checkbox"/> Y<br><input type="checkbox"/> N |
|                                     | Are there any other services you have referred to?<br>(If yes, please specify):  | <input type="checkbox"/> Y<br><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.