

<b>REFERRING ORGANISATION DETAILS</b>	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 regarding the Men's Domestic Violence Education and Intervention Program.

Signed:

Verbal consent given:  Y  
 N

<b>REFERRED CLIENT DETAILS</b>	Referred client's name:				
	Age:		DOB:		
	Does the client identify as:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	<input type="checkbox"/> Neither
	Street address:				
	Suburb:			Postcode:	
	Mobile phone:			Home phone:	
	Interpreter required:	<input type="checkbox"/> Y <input type="checkbox"/> N		Language:	
	Client email:				

<b>EMERGENCY CONTACT INFORMATION</b>	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)		

# Referral Form

into Domestic Violence Prevention Centre

Men's Domestic Violence Education and Intervention Program

<p><b>RELATIONSHIP INFORMATION</b></p> <p><i>(Please include any relevant person impacted by the referred client)</i></p>	Person impacted by referred client's behaviour:					
	DOB:		Age:		Gender:	
	Address/known location:					
	Mobile:					
	Email:					
	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>			
	Person impacted by referred client's behaviour:					
	DOB:		Age:		Gender:	
	Address/known location:					
	Mobile:					
	Email:					
	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>				
<p><b>CHILD/REN DETAILS</b></p> <p><i>(Please include additional and/or relevant children details in 'Further Relevant Information')</i></p>	Name:					
	DOB:		Age:		Gender:	
	Relationship to referred client:		Relationship to person impacted by referred client's behaviour:			
	Name:					
	DOB:		Age:		Gender:	
	Relationship to referred client:		Relationship to person impacted by referred client's behaviour:			
	Name:					
	DOB:		Age:		Gender:	
	Relationship to referred client:		Relationship to person impacted by referred client's behaviour:			
	Name:					
	DOB:		Age:		Gender:	
	Relationship to referred client:		Relationship to person impacted by referred client's behaviour:			

# Referral Form

into Domestic Violence Prevention Centre

Men's Domestic Violence Education and Intervention Program

<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>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 required for either party:	<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:	

# Referral Form

into Domestic Violence Prevention Centre

Men's Domestic Violence Education and  
Intervention Program

## FURTHER RELEVANT INFORMATION

*For example:*

- *What are your most significant concerns in relation to the D/FV?*
- *What are the most recent incidents of D/FV?*
- *Any pending court matters?*
- *Any further information regarding current risk (historical/current)?*

## DOCUMENTS NEEDED

*Note that the following documentation will be requested from the referred person upon contact being made:*

- Previous and/or Current Domestic Violence Order(s) or Temporary Protection Order(s) and relevant Police Protection Notice and/or initial DVO application.
- QP9s (if applicable) relating to DV offences.

*If you have any questions regarding the required documentation, contact DVPC Men's Services to discuss further.*

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