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 |   | **WoSSCA REFERRAL FORM****Referral Date:** / /  |
|   |   |
|  |  |  |
|   |   |   |   |   |   |   |   |
|  |  |  |  | **WoSSCA Prioritisation (Internal):**  |  | **SHIP ID (internal):**  |  |
|  | Crisis Accommodation o Outreach Support o Remote Outreach oDFV Court Support o Counselling o |
|   |   |   |   |   |   |   |   |
|   |   |   | **Email referral to:** ws@wossca.org.au Ph: 8952 6075 |
| **Woman being referred** |   |   |   |   |   |   |
| Surname |   | First Name |   |
|  |
| Birth Date |   | Accessibility requirements *(wheelchair/needs Auslan interpreter, etc)* |  |  |
|  |
| Main language spoken at home |    | Interpreter required?  |  |  |
| Contact No. |  |  |
| Current Address Other Known Addresses |   |  |
|   | Community |   |  |
| **Children in the Client's Care** |  |
| Name |   | Gender |   | DOB |   |  |
|  |
| Name |   | Gender |   | DOB |   |  |
|  |
| Name |   | Gender |   | DOB |   |  |
|  |
| **Is the woman aware of this referral?**  | Yes | o | No | o |  |
| **Referral Source** |   |   |   |   |   |   |  |
| Referral Source | Self-Referral o External Agency o (please complete details below) |  |
|  |
| Name of Referrer  |   |  |
| Agency |   |  |
| Email Address |   |  |
| Your Relationship with Client |   |  |
|  |
|  |
| Actions referrer has already completed |   |  |
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|   |   |   |   |   |   |   |   |  |
| **Current Circumstances Prompting Referral**  |   |   |   |  |
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| **What risk factors are present for client** (to assist in prioritisation of referral) |   |  |
| Isolation o Escalation of violence o Strangulation o   |  |
| Sexual Violence o Leaving Partner o Threats to kill o    |  |
| Access/Use of weapon o Threat to suicide o Use of violence early in relationship o |  |
| Pregnancy o Other:  |  |
| Please provide details:  |  |
|   |  |
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|   |   |   |   |   |   |   |   |  |
| **Is the woman involved with any other services?** If yes, please provide details: |   |  |
|   |  |
|   |  |
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|   |   |   |   |   |   |   |   |  |
| **If this referral is for Outreach and/or Court Support, please advise the main purpose of referral** |  |
|  Eg Safety Planning, known court date, partner support for Men’s Behaviour Change, partner due for release from custody |  |
|   |  |
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|   |   |   |   |   |   |   |   |  |
| **Other Party** |   |   |   |   |   |   |  |
| Surname |   | First Name |   |  |
| Birth Date |   | Gender |   | Current Status | In Custody o Not in Custody o |  |
| Relationship to referred person  |   |  |
| Currently residing with referred person?  |  |  |
| **DVO**: No o Yes o Unknown o | **TYPE** | Non-contact o Non-Harm o Non-Intox o | **Expiry Date:** |   |  |
|  |
| **Have Mandatory Reports Been Made?** |  |
| Police F&DV  | No o Yes o Unknown o | Date |   | Promise No: |   |  |
|  |
| TF Child Protection | No o Yes o Unknown o | Date |   | Made By: |   |  |
|  |
|   |   |   |   |   |   |   |   |  |
| **If not, please advise why notification has not been made:** |   |   |   |  |
|   |  |