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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | |  | **WoSSCA REFERRAL FORM**  **Referral Date:**  / / | | | | | | | | | | |
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|  |  |  | | |  | |  | |  | |  |  |
|  |  |  | | |  | | **WoSSCA Prioritisation (Internal):** | |  | | **SHIP ID (internal):** |  |
|  | | Crisis Accommodation o Outreach Support o Remote Outreach o  DFV 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:** | | | | | | | | | |  |  |  |  | |
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