|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | |  | **WoSSCA REFERRAL FORM** | | | | | | |
|  |  |
|  |  |  | |  |  |  |  |  |
|  |  | Crisis Accommodation o Outreach Support o Remote Outreach o  DFV Court Support o | | | | | | |
|  |  |  | |  |  |  |  |  |
|  |  |  | | **Email referral to:** ws@wossca.org.au Ph: 8952 6075 | | | | |
| **Person Referred** | |  | |  |  |  |  |  |
| Surname |  | | | | First Name |  | | |
|  |
| Birth Date |  | | | | Gender |  | | |  |
|  |
| 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 Internal WoSSCA referral o  External Agency o (please complete details below) | | | | | | | |  |
|  |
| Referral Person |  | | | | | | | |  |
| Agency |  | | | | | | | |  |
| Email Address |  | | | | | | | |  |
| Your Relationship with Client |  | | | | | | | |  |
|  |
|  |
| Actions referrer has already completed |  | | | | | | | |  |
|  |
|  |
|  |  |  | |  |  |  |  |  |  |
| **Current Circumstances Prompting Referral** | | | | | |  |  |  |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  |  |  | |  |  |  |  |  |  |
| **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: | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  |  |  | |  |  |  |  |  |  |
| **Is the woman involved with any other services?** If yes, please provide details: | | | | | | | |  |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  |  |  | |  |  |  |  |  |  |
| **If this referral is for Outreach and/or Court Support, please advise the main purpose of referral** | | | | | | | | |  |
| Eg Safety Planning, court date, partner support for Men’s Behaviour Change, partner due for release from custody | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  |  |  | |  |  |  |  |  |  |
| **Unsafe Person** | |  | |  |  |  |  |  |  |
| Surname |  | | | | First Name |  | | |  |
| Birth Date |  | Gender | |  | Current Status | In Custody o Not in Custody o | | |  |
| Relationship to 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:** | | | | | |  |  |  |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |