

This e-form contains fillable PDF fields that can be completed electronically (or by hand), saved and then emailed.

Referring agencies assessing high, escalating, or immediate risk should NOT use this form. Instead please call 07 5430 9300 during business hours to further discuss the referral, or call 000 in the event of an emergency.

### Referring Agency Details

Name of Referring Agency:			
Name of Referring worker:			
Phone:		Email:	
<input type="radio"/> I confirm that the client is aware of the referral, has given consent for a Centacare Practitioner to contact the client, and to obtain confirmation from Centacare that the referral has been accepted.			

### Details of Person being Referred

Family Name:		Given Name:	
DOB:	____/____/____	Gender:	
<input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander <input type="radio"/> Both <input type="radio"/> Australian South Sea Islander			
Country of birth:		Language at home:	
Is an interpreter required?: <input type="radio"/> Yes <input type="radio"/> No			
Does the client have a disability: <input type="radio"/> Yes <input type="radio"/> No    If yes, provide details:			

### Contact details of person being referred

Residential Address:			
Postal Address (if different):			
Ok to send mail?	Yes <input type="radio"/> No		
Mobile Phone:		Ok to call?	Ok to text or leave a message?
Landline:		Ok to call?	Ok to leave a message?
Email:			Ok to email?
Does the perpetrator live with the person being referred?			<input type="radio"/> Yes <input type="radio"/> No

Are there any times when it is safe to call? (If yes, please provide details)	
Are there times when it is unsafe to call? (If yes, please provide details)	
Who should I say is calling, if the call is answered by another person?	
<b>When we contact the client our number will come up as private, please ensure the client is aware of this should they receive a missed call from a private number.</b>	

### Children and Dependents

Name:		Parents:		Gender:	<input type="radio"/> M <input type="radio"/> F	DOB:	__/__/__
Name:		Parents:		Gender:	<input type="radio"/> M <input type="radio"/> F	DOB:	__/__/__
Name:		Parents:		Gender:	<input type="radio"/> M <input type="radio"/> F	DOB:	__/__/__
Name:		Parents:		Gender:	<input type="radio"/> M <input type="radio"/> F	DOB:	__/__/__
Name:		Parents:		Gender:	<input type="radio"/> M <input type="radio"/> F	DOB:	__/__/__
Name:		Parents:		Gender:	<input type="radio"/> M <input type="radio"/> F	DOB:	__/__/__
Is the person pregnant?	<input type="radio"/> Yes <input type="radio"/> No		Due date?	__/__/__			
Who is the biological father of the unborn child?							

### Perpetrator

Family Name:		Given Name:	
DOB:	__/__/__	Gender:	
Current Address:			
Is there a current Protection Order in place?	<input type="radio"/> Yes <input type="radio"/> No	Date of order:	__/__/__
Order type:	<input type="radio"/> Temporary Order <input type="radio"/> Final <input type="radio"/> Private <input type="radio"/> Police		Length:
Conditions:	<small>(Please attach protection order if you have a copy)</small>		
Is there more than one perpetrator?			
<small>(Please provide details)</small>			

### Relationship Details

Relationship Type:	<input type="radio"/> Spousal <input type="radio"/> Family <input type="radio"/> Same sex <input type="radio"/> Intimate partner <input type="radio"/> Other Care Arrangement
--------------------	---

Length of relationship:		Date of separation:	__/__/__
Currently experiencing violence from a current or past relationship?	<input type="radio"/> Yes <input type="radio"/> No		
Previously experienced violence in a relationship?	<input type="radio"/> Yes <input type="radio"/> No		

Within the next section of the referral, it is essential that you provide as much information as known to allow for accurate assessment of risk and prioritisation of service.

Please attach a copy of any risk assessment and safety planning that has been completed.

**Further information may be requested if this section is incomplete.**

### Details of Violence

Nature of violence:	Physical	Emotional	Sexual	Verbal	Financial Control	Weapons
	Damage to property		Systems Abuse		Stalking	Technology Abuse
	Threats to kill		Threats to suicide / self-harm			Image-based Abuse
	Other, please detail:					

If there has been physical or sexual violence, has the violence involved:

- Choking / Strangulation  
 Stabbing  
 Head banging / Head injury  
 Physical restraint  
 Abuse or harm to pets  
 Rape  
 Hospitalisation or medical treatment reported

Have the children been exposed to the violence?  Yes  No

Has this been reported to Child Safety?  Yes  No

Details of any boxes checked above, including dates of incidents; have Police been informed; what protective factors are in place?

Is the person using violence linked with Probation and Parole, a Perpetrator Education Program or other services such as AOD or mental health?

Yes  No

If Yes, please detail:

Within your professional assessment, how would you rate the level of risk of the referred person?

Not at risk     At risk     High risk     Require immediate protection

What is the client's assessment of the current level of risk?

Not Afraid     Afraid     Terrified     Unable to identify

**Please complete below if a risk assessment and safety plan have not been attached to the referral.**

Details of risk assessment

What safety planning has already occurred with the person being referred?

### Details of Service Needs

Area of Need	Detail of support required in this area?
Risk assessment / Safety Planning	
DFV Application / Court support	
Housing / Refuge support	
Financial / Emergency relief / Victim Assist	
Legal Advice (DFV, Family, Criminal)	

### Current Service System Engagement

Have you made any other referrals for this person or are you aware of any other services that are engaged with the client? (e.g. Legal Aid, Centrelink, FACC, IFS)

Yes     No

If Yes, please detail:

## What happens next?

We receive a large number of referrals daily. All referrals are assessed based on the nature and severity of risk and vulnerabilities of the client requiring support. **Our services are available during business hours only.** Please also ensure that your client has information about the following services that are available 24/7 to assist them:

DVConnect	1800 811 811	<a href="http://www.dvconnect.org.au">www.dvconnect.org.au</a>
1800RESPECT	1800 737 732	<a href="http://www.1800respect.org.au">www.1800respect.org.au</a>
Mensline	1300 789 978	<a href="http://www.mensline.org.au">www.mensline.org.au</a>
Victim Assist	1300 546 587	<a href="mailto:victimassist@justice.qld.gov.au">victimassist@justice.qld.gov.au</a>
Centrelink	132 850	<a href="http://www.servicesaustralia.gov.au/individuals/services/centrelink/crisis-payment">www.servicesaustralia.gov.au/individuals/services/centrelink/crisis-payment</a>