

**CONFIDENTIAL**

**Referral Form**

**Date** Click or tap to enter a date.

**Referred by**

Organisation Name: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Does the client consent to the referral?** Yes  No

**How long has the client been with your service?**

**What services are you providing to your client?**

**Is your service able to provide ongoing case management/support?** Yes  No

**Reason for referral to SHLV?**

**Client Details**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Cultural background: \_\_\_\_\_ Interpreter needed? Yes  No

Disability / Health issues? Yes  No  – if yes, please list \_\_\_\_\_

Address: \_\_\_\_\_

Is this address the family home, previously shared by the victim and perpetrator? Yes  No

Does the client wish to live in her home **without the perpetrator of violence**? Yes  No

Relationship to the perpetrator: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (other) \_\_\_\_\_

Preferred time of contact: \_\_\_\_\_

**Perpetrator details**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**Housing details:** Own home/Mortgage  Private Rental  Social Housing  Other  \_\_\_\_\_

**Children's Details**

Names and date of birth of any children: \_\_\_\_\_

**Legal**

Apprehended Violence Orders (including specific clauses)

Interim  Final  Unknown

Are there any current Family Court orders relating to the children?

**SHLV Staff safety:** Risk posed by perpetrator: Moderate  High  Extreme

Detail: \_\_\_\_\_

**Risk posed by client:** Unlikely  Moderate  High  Extreme

Detail: \_\_\_\_\_

***Please email completed form to [lcn@lcn.org.au](mailto:lcn@lcn.org.au)***