

WVDCAS Referral Form

Please tick Applicable Referral

<input type="checkbox"/>	Women's Domestic Violence Court Advocacy Service
<input type="checkbox"/>	Safety Action Meeting (SAM) Domestic Violence Safety Assessment Tool (DVSAT) or Other risk identification tool completed. **Please attach a copy**

Date: Click or tap to enter a date.

Referrer Details

Referrers Name: Click or tap here to enter text.

Organisation: Click or tap here to enter text. **Position:** Click or tap here to enter text.

Contact Number: Click or tap here to enter text. **Email:** Click or tap here to enter text.

Details of Victim

Family Name: Click or tap here to enter text. **Given Name:** Click or tap here to enter text.

Alias: Click or tap here to enter text.

DOB: Click or tap to enter a date. **Gender:** Female LGBTI

Does the client have a Disability? No Yes **Details:** Click or tap here to enter text.

Aboriginal/ATSI: Yes No **CALD:** Yes No (If Yes is the client on a Spousal Visa? Yes No

First Language: Click or tap here to enter text. **ESL:** Yes No **Interpreter required:** Yes No

Country of Birth: Click or tap here to enter text.

Phone: Click or tap here to enter text. **Safe to call on this number:** Yes No **Safe time to call** Click or tap here to enter text.

Address: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Details of Children

Name: Click or tap here to enter text.

DOB: Click or tap here to enter text.

Name: Click or tap here to enter text.

DOB: Click or tap here to enter text.

Name: Click or tap here to enter text.

DOB: Click or tap here to enter text.

Name: Click or tap here to enter text.

DOB: Click or tap here to enter text.

Name: Click or tap here to enter text.

DOB: Click or tap here to enter text.

Name: Click or tap here to enter text.

DOB: Click or tap here to enter text.

WDVCAS Referral Form



Details of Person of Interest (POI)

Family Name: Click or tap here to enter text. **Given Name:** Click or tap here to enter text.

Alias: Click or tap here to enter text. **DOB:** Click or tap here to enter text. **Gender:** Male Female LGBTI

Address: Click or tap here to enter text.

Relationship of POI to the Victim

Partner Ex-partner Carer Child Adult Child Sibling Parent Grandparent Grandchild
 Other Relation Sharing a House Sharing a residential facility Stalker Associate of Partner
 Ex -partner

Background information/major risk factors?

Click or tap here to enter text.

Has the victim consented to the referral? Yes No

Are there any other Safer Pathway referrals for this victim? Yes No Unknown

Click or tap here to enter text.

Have you contacted the police in relation to this victim? Yes No

Click or tap here to enter text.

Have you completed the reporter guide regarding any protection concerns? Yes No

Click or tap here to enter text.

Does the victim have any specific requirements that need to be addressed? Yes No Unknown

Click or tap here to enter text.

Referrals to be emailed to: *(please email to the relevant option below)*

Murrumbidgee WDVCAS	Riverina WDVCAS	Murray River WDVCAS
mwdvcas@lcn.org.au	rivwdvcas@lcn.org.au	mrwdvcas@lcn.org.au
Manager: Ann Jones	Manager: Emma Bromham	Manager: Jesmine Coromandel
Phone: 02 6962 3893	Phone: 02 9063 8644	Phone: 02 6046 9480

Internal WDVCAS Staff

Date Referral Received: Staff Member Name:

SAM Agenda Date: Date Emailed Receipt to Referring Agency: