**Wellsprings Women’s Support Team**

**EXTERNAL REFERRAL FORM**

**Date of referral:**

**Referral Agency Information:**

Name of the agency: ………………………………………………………....

Name of the agency worker: …………………………………………......

Contact number: ……………………………………………………………......

Email: ………………………………………………………………………………...

**Client’s details:**

Name: …………………………………………………... Date of birth ………………………

Address: …………………………………………… Suburb: ……………………………

Phone: ……………………... (Work) ……………………………... (Mobile) …………………………………………

Country of birth: ……………………………. Language spoken………………………………

Immigration status………………………….

Date of arrival in Australia if born overseas……………………………

**□ Permanent visa:**

□ Refugee (Subclass 200)

□ Special Humanitarian Program (SHP) (202)

□ Emergency Rescue (Subclass 203)

□ Women at Risk (Subclass 204)

□ Family stream migrants e.g. Spouse visa (Subclass100)

**□ Temporary Protection Visa** ……………………………………………………………………………………………………

**□ Other. Please specify** …………………………………………………………………………………………………………….

**Emergency name** ……………………………………………………………………**Mobile** …………………………………………

………………………………………………………………………………………………………………………………………………………

**How many people live at contact address**? …………………………………….

**□** Married **□** Defector **□** Single **□** Other

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | **Date of Birth** | **Age** | **Gender** |
|  |  |  |  |
|  |  |  |  |
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**Description of reason for referral:**

**□** Isolation **□**Family Violence **□** mental health

**□**FinancialSupport **□** other **□**Programs provided by Wellsprings

**Please explain:**

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If you have ticked ***Family Violence*** above, please complete the following questions.

Safe time to contact……………………… safe to leave a message YES…... NO……

safe to leave a text YES…. NO…….

Is the woman staying in the relationship? YES…… NO…….

**Risk Level:**

Is the person at immediate risk □ Yes □ No?

If yes, please explain:

**…………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………**

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**…………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………**

**(Please provide a copy of the risk assessment and any other relevant documentation)**

**Agencies Currently Involved:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organisation** | **Contact Person** | **Contact Number** | **Assistance provided** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CONSENT FOR SHARING INFORMATION**

**Consent for information to be shared internally:**

I understand the recommendations and I give my permission for the information to be shared

With the workers and Volunteers of the Wellsprings Women Support Program, and CEO.

Client’s Name: ………………………………………………

Client’s Signature: …………………………………… Date: ………………………

**Consent for information to be shared with External Organisations:**

I understand the recommendations and I give my permission for the information to be shared with the workers of external agencies.

I also understand that I can withdraw at any time from this consent.

Client’s Name: ……………………………………

Client’s Signature: …………………………………………. Date: ……………………….

Agency Referral Name ………………………………………......................................................

Worker Name …………………………………………………………………………………………………………

Signature …………………………………………………………………………........................................

Date …………………………………………………………………………….............................................

**All referrals can be emailed to the intake team on** wst@wellspringsforwomen.com

**Client will be assessed and allocated to a case manager**

**Wellsprings privacy statement:**

Wellsprings has a Privacy Policy that ensures that personal clients’ information is securely saved and accessed by relevant staff only

**Web:** [www.wellspringsforwomen.com](http://www.wellspringsforwomen.com)

**Phone:** **9701 3740**