



**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

**Description of reason for referral:**

- Isolation     Family Violence     Mental health  
 Financial Support     other     Programs

**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.....

Is there more than one perpetrator YES..... NO.....

Perpetrator Name: .....

Relationship to client: Husband/Partner..... Ex-Partner..... Parent.....

Other family members .....

Please explain

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.....  
.....

Has a MARAM screening tool been conducted: YES..... NO.....

Has a Safety plan been conducted: Yes..... No.....?

**Risk Level:**

IS the person at High risk.....? Low risk.....

Is the person at immediate risk Yes.....? No.....?

If yes, please explain:

.....  
.....  
.....  
.....  
.....

**(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: .....

**Please note that The Women Support Team will attempt to contact the client three times by  
phone. If all attempts fail, the referral agency will be notified.**

**If the client has given consent for messages to be left on their voicemail or sent by text, we will do  
so and leave it to the client to call us back**

**All referrals, including the MARAM and safety plan can be emailed to the intake team at  
[wst@wellspringsforwomen.com](mailto:wst@wellspringsforwomen.com)**

**Client will be assessed and allocated to a case manager for the following week**

**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**