**External Referral Form (Family Violence services only)**

On behalf of my service agency, I am making a referral of the person listed below for Wellsprings for Women’s **Family Violence (FV) services** (*please refer to specific Referral Form on website for all other services*).

I understand that Wellsprings for Women will consider this referral based on its FV service priorities and entry requirements.

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| **Date of Referral:** |  | | |
| **Referral Agency Information** | | | |
| **Name of Agency:** |  | | |
| **Name of agency worker:** |  | | |
| **Contact number:** |  | | |
| **Contact Email:** |  | | |
| **Client’s Details** | | | |
| **Name:** |  | | |
| **DoB:** |  | | |
| **Address:** |  | | |
| **If referring to our Family Violence services, this address falls within (please tick):** | □ City of Dandenong OR  □ City of Casey OR  □ City of Cardinia  **PLEASE NOTE**: if the client does not reside in one of these areas, please seek an alternative agency as Wellsprings for Women is unable to offer its services. | | |
| **Phone (Work):** |  | **Phone (Mobile):** |  |
| **Country of Birth:** |  | **Immigration Status (refer below list):** |  |
| **Language/s Spoken:** |  | | |
| **Date of Arrival in AUS 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 (specify):**

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| **Emergency Contact Name:** | |  | | | **Phone (Mobile):** | | |  | | | |
| **How many People Live at the Contact Address?** | |  | | | | | | | | | |
| **Are You (tick):** | | ☐ Married  ☐ De Facto  ☐ Single  ☐ Other | | | | | | | | | |
| **Children Details (if applicable)** | | | | | | | | | | | |
| **Name** | |  | | | | **DoB** | | | **Age** | | **Gender** |
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| **Please Provide Further Information/Details:** | |  | | | | | | | | | |
| **Please complete the following questions:** | | | | | | | | | | | |
| **Safe Time to Contact you:** |  | | | **Safe to Leave a Message?** | | | | ☐ YES | | ☐ NO | |
| **Is the Woman Staying in the Relationship?** | ☐ YES  ☐ NO | | | **Safe to Leave a Message?** | | | | ☐ YES | | ☐ NO | |
| **Is there More than One Perpetrator?** | ☐ YES  ☐ NO | | | **Name of Perpetrator:** | | | |  | | | |
| **Relationship to Client:** | ☐ Husband/Partner  ☐ Ex-Partner  ☐ Parent  ☐ Other Family Member/s | | | | | | | | | | |
| **Please Provide Further Information/Details:** |  | | | | | | | | | | |
| **Client Initial Services** | | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **Has a MARAM screening tool been conducted?** | ☐ YES  ☐ NO | | | **Has a Safety plan been conducted?** | | | | ☐ YES | | ☐ NO | |
| **Is the Person at:** | ☐ High Risk  ☐ Low Risk | | | **Is the Person at Immediate Risk:** | | | | ☐ YES | | ☐ NO | |
| **If at Immediate Risk, please Explain:** |  | | | | | | | | | | |
| ***Please provide a copy of the MARAM screening tool, safety plan and any other relevant document*** | | | | | | | | | | | |
| **Agencies Currently Involved:** | | | | | | | | | | | |
| **Name of Organisation** | | | **Contact Person** | | | | **Contact Number** | **Assistance provided** | | | |
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**CONSENT FOR SHARING INFORMATION**

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

I understand the recommendations and I give my permission for my information to be shared with the workers and volunteers of the Wellsprings Women Support Program and its CEO.

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| **Client Name:** |  |
| **Client Signature:** |  |
| **Date:** |  |

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

I understand the recommendations and I give my permission for my information to be shared with the workers of external agencies. I also understand that I can withdraw at any time from this Consent.

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| **Client Name:** |  |
| **Client Signature:** |  |
| **Date:** |  |

**Please note:**

1. The Women’s Support Team will attempt to contact the client three times by phone. If all attempts fail, (where applicable) the referral agency will be notified.
2. 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 return our call.
3. All referrals, including the MARAM and Safety Plan can be emailed to the intake team at: [wst@wellspringsforwomen.com](mailto:wst@wellspringsforwomen.com)
4. Client will be assessed and allocated to a Case Manager for the following week.
5. Wellsprings for Women Privacy Statement: Wellsprings for Women has a Privacy Policy and Procedure that ensures that clients’ personal information is securely saved and accessed by relevant staff only. Please contact the organisation’s Privacy Officer if you would like to discuss any aspect of the way that Wellsprings for Women collects, stores and uses your personal information. Phone: CEO – Privacy Officer on 03) 9701 3740

**Website:** [**www.wellspringsforwomen.com**](http://www.wellspringsforwomen.com) **Contact Number: 03) 9701 3740**