

Referral for Brisbane Domestic Violence Service

This e-form contains fillable PDF fields that can be completed electronically (or by hand), saved and then emailed to bdvs.referral@micahprojects.org.au

Referring agencies assessing high, escalating, or immediate risk should NOT use this form. Instead please email: BrisbaneHRT_BDVS@micahprojects.org.au or call 07 3217 2544 to further discuss the referral.

Referring Agency Details

Date of Referral ____ / ____ / ____

Name of Referring Agency _____

Name of Referring Worker _____

Phone _____ Email _____

Current Support being offered by your agency or other government / non-government agencies:

Agency	Type: (e.g. case management)

Details of Person being Referred

Name _____

Gender _____ DOB ____ / ____ / ____

Aboriginal Torres Strait Islander Both

Australian South Sea Islander None of the above

Is an interpreter required Yes No

Country of birth _____ Language at home _____

Contact details of person being referred:

Phone number/s _____

Address _____

Is it safe to:

Call Yes No

Text Yes No

Voicemail Yes No

Email Yes No

Post to address Yes No

Does the perpetrator live with the person being referred? Yes No

Are there any times it is not safe to call? _____

Children and dependents:

Name _____ Relationship _____

Gender _____ DOB ____ / ____ / ____

Name _____ Relationship _____

Gender _____ DOB ____ / ____ / ____

Name _____ Relationship _____

Gender _____ DOB ____ / ____ / ____

Name _____ Relationship _____

Gender _____ DOB ____ / ____ / ____

Is the person pregnant? Yes No Due date ____ / ____ / ____

Emergency Contact

Does the person have a safe person who we could contact? Yes No

Name _____ Relationship _____

Contact details _____

Can we identify where we are calling from? Yes No

Relationship Details

Relationship Type Spousal Family Same sex Intimate partner Informal care

Currently experiencing violence from a current or past relationship? Yes No

Previously experienced violence in a relationship? Yes No

Person Using Violence (PUV)

Name of PUV _____ DOB ____ / ____ / ____

Current Address _____

Length of relationship _____ Date of separation ____ / ____ / ____

Is there a current protection order in place? Yes No

Order type: Temporary Order Final Private Police

Date of order: ____ / ____ / ____ Length _____

Within the next section of the referral it is essential that you provide as much information as known to allow for accurate assessment of risk and prioritisation of service. Referrals with this section not complete will not be accepted and passed back to the referrer for further information.

Details of Violence

Nature of violence:

- Physical Emotional Sexual Verbal Financial control Damage to property
 Stalking weapons Threats to kill Threats to suicide / Self harm

If there has been physical or sexual violence, has the violence involved:

- Choking / Strangulation Stabbing Head banging / Head injury
 Physical restraint Abuse or harm to pets

Details of any boxes checked above, including dates of incidents, have police been informed, what protective factors are in place, safety planning?

Is the person using violence linked with Probation and Parole, Perpetrator Education Program or other services such as AOD or mental health?

Yes No Name of service _____

Details of service needs

<i>Support area</i>	<i>Detail of support required in this area?</i>
Risk assessment / Safety planning	
DFV legal / Court support	
Housing / Refuge support	
Financial / Emergency relief (e.g. Centrelink crisis payment / Victims assist)	

Within your professional assessment how would you rate the level of risk of the referred person?

- Not at risk At risk Elevated risk Require immediate protection

Details of why this assessment is being made?

What safety planning has already occurred with the person being referred?

Have you made any other referrals for this person? Yes No
(e.g. Safer in the home, legal aid, court assistants, Centrelink?)

What happens next?

Currently, the Brisbane Domestic Violence Service is receiving a large number of referrals. Referrals are assessed based on risk and vulnerabilities of the individual requiring support. Referrals with insufficient information will not be accepted.

We request that the referring agencies provide the person being referred with the additional information below to help assist them while they wait for BDVS to make contact:

Dvconnect

Womansline: 1800 811 811
Mensline: 1800 600 636
www.dvconnect.org

1800 RESPECT

1800 737 732
www.1800respect.org.au

Safer in the home

0400 983 360

Victim Assist

1300 546 587
victimassist@justice.qld.gov.au

Centrelink

132 850
www.humanservices.gov.au/
individuals/services/centrelink/
crisis-payment

Our number will come up as private so if you have received a missed call from a private number after you have requested assistance you can give us a call on 3217 2544 to speak with a worker.