Eastern Sydney Domestic and Family Violence Services
P: 02 9349 8200
E: dfvs@jnc.org.au

Domestic and Family Violence Services: Aboriginal and Multicultural Communities

REFERRAL FORM

Please email to dfvs@jnc.org.au

Referred by			
Referring Agency/Organisation		Date of Referral	
Referrer Name		Referrer Phone	
Referrer Email			
Has the client consented to this referral	☐ Yes ☐ No Verbal ☐ Written ☐		
Will you continue to work with this client?	☐ Yes ☐ No If yes in what capacity?		
Are any other services working with this client?	☐ Yes ☐ No ☐ Unsure If yes, please provide details:		

Primary Client Details					
Name		DOB		Phone	
Please select preferred/safe methods of contact *We will only use SELECTED methods	☐ CALL ☐ SMS ☐ Leave a voice message ☐ Disclose where we are calling from (JNC)				
Gender	☐ Female ☐ Male ☐ Transgender ☐ non-binary ☐ Prefer not to answer ☐ Gender not listed; My Gender is:				
Address					
Is this accommodation shared with the person using violence?	☐ Yes ☐ No				
Client email:		Safe to email?	☐ Yes ☐ No		
Does the client identify as Aboriginal and/or Torres Strait Islander?	☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Prefer not to answer				
Does the client identify as Culturally and Linguistically Diverse	☐ Yes ☐ No	Country of Birth			
Visa Type		Language Spoken		Is an Interpreter needed?	☐ Yes ☐ No
Does the client have any Disabilities	☐ Yes ☐ No Please Specify:				
Does the client have mental health issues	☐ Yes ☐ No Please Specify:				
Does the client have any Alcohol or other substance misuse	☐ Yes ☐ No Please Specify:				

Please complete if there are children under 18			
Child Name	Identified Gender	DOB	Who has care of the child

Housing
Housing type if known: ☐ Owned ☐ Public Housing / Community Housing ☐ Private Rental ☐ Homeless/ Couch Surfing ☐ Not Known ☐ Other If other, please specify:
Is the client's tenancy at risk due to violence?
Does the client feel safe in their home?
Is the client wanting to leave the home?

Primary Reasons for referral

Person using Violence			
Name	Identified Gender	DOB	Identifies as Aboriginal and or Torres Strait Islander?

Address/ known location	
Is the client planning to leave the person?	
Type of relationship:	☐ Intimate Partner/current ☐ Ex-partner/separated ☐ Family (Please specify relationship details)

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Legal	Yes	No	Unknown	Details
Is there a current AVO?				☐ Interim ☐ Final
Conditions of AVO				
Is the person using violence in custody or on bail?				
Are there criminal charges associated with the AVO?				
Upcoming Court Dates	Date**:**			☐ Hearing ☐ Mention
Police Station				
Family Court Proceedings				
Are there child protection Orders in Place				

DVSAT and SAM	Yes	No	Details
Has a DVSAT been completed? **(If yes, please attach)**			☐ At Threat ☐ At Serious Threat Total Number of Indicators:
Has the client been referred to a Safety Action Meeting?			

Additional Information

Thank you for sending the completed referral forms to dfvs@jnc.org.au

Our Team will attempt to contact the client, and the referral outcome will be provided via email to the referrer.