AN INITIATIVE OF DVAC
SERVICE AGAINST SEXUAL VIOLENCE

T 07 3816 3000
F 07 3816 3100
PO Box 964, Ipswich Q 4305
info@dvac.org.au
DVACIpswich
www.dvac.org.au

IF THE SAFETY OF CLIENT YOU ARE REFERRING IS AT RISK OR THEY ARE IN CRISIS PLEASE **DO NOT** REFER THE CLIENT USING THIS FORM. PLEASE CALL OUR SAFETY TEAM ON 3816 3000 TO SPEAK WITH A SAFETY TEAM PRACTITIONER.

EXTERNAL AGENCY REFERRAL

Date:

Referring agency:

Contact person:

Warm referral preferred: ☐

Phone:

Email:

CLIENT DETAILS

Name:

DOB:

Contact numbers: Home

Mobile

Permission to leave message: Yes ☐ No ☐

Text message preferred: Yes ☐

Legal guardian (if applicable):

Address:

School/education facility (if applicable):

Identifies as: Indigenous ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐ CALD ☐

Primary language spoken at home:

Interpreter required: Yes ☐ No ☐

Disability (physical/mental/intellectual): Yes ☐ No ☐ Type:

REASON FOR REFERRAL (why is the client seeking support now; recent trigger/s; therapeutic goals):

SEXUAL VIOLENCE INFORMATION

Historical sexual assault ☐ Childhood sexual assault ☐ Recent disclosure ☐

ACUTE SEXUAL ASSAULT (up to seven days post assault) CONTACT IPSWICH HOSPITAL SOCIAL WORKER EMERGENCY DEPARTMENT ON 3810 1434

Alleged offenders name:

Ongoing risk of harm: Yes ☐ No ☐ Unknown ☐

Reported: Police: Yes ☐ No ☐ N/A ☐ Support required to report: ☐ Child Safety: Yes ☐ No ☐ N/A ☐

Youth Justice Conference (if applicable):

Court:

Family Law Court involvement: Yes ☐ No ☐ N/A ☐

Victim Assist Queensland (VAQ) application submitted: Yes ☐ No ☐ Unknown ☐

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EXTERNAL AGENCY REFERRAL /2

IDENTIFIED RISKS (suicide, self-harm, substance use, ongoing harm/violence or risk of harm):

ANY FURTHER INFORMATION:

Client seeking: Counselling ☐ Practical support ☐ Parent/carer support ☐
Personal safety education ☐ Group ☐
Other:

Client provided verbal consent for referral: Yes ☐

SIGNED CLIENT CONSENT (if possible):

Name: Signed: Date:

SIGNED:

Name: Signed: Date:

DVAC takes seriously the rights of all clients to confidentiality and privacy of information including the right to remain anonymous if they choose. We recognise in particular our duty of care to safeguard information which could jeopardise the security and safety of adults, children or young people accessing DVAC services. DVAC is guided by the standards of the Australian Privacy Principles regarding the collection, storage, disclosure and use of personal information about individuals.

Please email referral form to info@dvac.org.au and add **SASV REFERRAL** in subject line.