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DVActionCentre
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Child Safety Liaison Referral form

Name:		**DOB:**	**Contact Ph:**
Address:		**Safe to call as DVAC:**	Yes □ No □
Best contact time:	**PUV resides with client:** Yes □ No □	**Safe to leave message:** Yes □ No □	**Indigenous status:** Aboriginal □ Torres Strait Islander □
CALD client: Yes □ No □	**Primary language spoken:**	**Interpreter required:** Yes □ No □	**Disability** Yes □ No □ **Type:**
PUV Name:		**DOB:**	**R'ship to client:**
PUV details:	Aboriginal □ Torres Strait Islander □	CALD Client: Yes □ No □	
Current DVO: Yes □ No □ If yes – conditions of the DVO:		**Previous DVO:** Yes □ No □	**Has there been any recent Police involvement:** Yes □ No □

Children at home or in care:					
Child 1: Gender		**DOB/Age:**		**At Home:** Yes □ **In Care:** Yes □	**IA** □ **IPA** □ **Interim** □ **Reunification** □
Child 2: Gender		**DOB/Age:**		**At Home:** Yes □ **In Care:** Yes □	**IA** □ **IPA** □ **Interim** □ **Reunification** □
Child 3: Gender		**DOB/Age:**		**At Home:** Yes □ **In Care:** Yes □	**IA** □ **IPA** □ **Interim** □ **Reunification** □
Child 4: Gender		**DOB/Age:**		**At Home:** Yes □ **In Care:** Yes □	**IA** □ **IPA** □ **Interim** □ **Reunification** □
Contact with PUV:	Yes □ No □	**Current Family Court Orders/Parenting Arrangements:**			Yes □ No □
Other agencies involved? I.e. FIS, FACC, IFS, CYMHS etc.	Name:		Contact:		Phone:

Reported/Identified DV (Please tick):	
□ Verbal abuse	□ Emotional abuse

DOMESTIC VIOLENCE ACTION CENTRE

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☐ Pet abuse / harm to animals	☐ Damage to property / willful damage
☐ Threats to kill client	☐ Threats to take the children away
☐ Physical abuse/assault	☐ Financial abuse
☐ Cultural / spiritual / identity abuse	☐ Stalking and surveillance
☐ Threats to kill their children	☐ Technology abuse
☐ Social abuse/isolation	☐ Attempted strangulation / choking
☐ Intimate Partner sexual violence	☐ Use of, or threats to use weapons
☐ Attempts to kill client or their children	☐ Movements tracked through technology

Select from list, as relevant to client (Please tick):

☐ Fears for own safety	☐ Breach of DVO	☐ PUV has access to weapons
☐ Fears for child/ren's or others safety	☐ Escalation of physical/sexual abuse	
☐ Is pregnant/new or recent birth	☐ Escalation of obsessive/controlling behaviour	
☐ Has separated/planning to separate	☐ PUV refuses to accept separation	

Please include a brief description regarding reason for referral and select types of support required (as below):

Safety Planning ☐	**DV Education** ☐
Advocacy and Liaison ☐	**Emotional Support** ☐
Crisis Intervention ☐	**Other- please specify:**
Court Support ☐	

In order for the referral to be accepted DVAC requires a copy of a case plan/needs assessment or assessment from the IA process

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Case Plan attached	☐	**IA assessment attached**	☐
Parental and Child Strengths and Needs attached	☐	**Parental and Child Strengths and Needs to follow**	☐
Referral discussed with client Yes ☐ No ☐ (please note a referral will only be accepted with client consent)		**Date consent provided:**	
Name of CSO referring and email address:			
Child Safety Service Centre:			

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 jeopardize 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 with **ATTENTION: CHILD SAFETY LIAISON**