



## DVAC REFERRAL CHECKLIST

**PIP – MEN'S BEHAVIOUR CHANGE PROGRAM**

**DATE:**

### CLIENT DETAILS

Client name:

DOB:

Address:

Contact number:

Ethnicity:

Order type:

Expiry date:

### REFERRING OFFICER/AGENCY DETAILS

Organisation name:

Referring Officer name:

Phone:

Fax:

Email:

### IDENTIFIED HIGH RISK AREAS

**PIP – MEN’S BEHAVIOUR CHANGE PROGRAM**

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| <b>RISK IDENTIFICATION</b>  | <b>YES/NO</b> | <b>COMMENTS</b><br><i>By exception only</i> |
|---|---------------|---|
| Does the client have a current domestic violence order in effect?<br><b>(Note: Court location, conditions, term/expiry date)</b>  | Yes<br>No     |   |
| Has the client been subject to previous domestic violence orders?<br><b>(Note: Court location, conditions, term/expiry date)</b>  | Yes<br>No     |   |
| Does the client have any current breaches or previous breaches re: Domestic Violence Order?<br><b>(Note: Date/s of breaches, reason/s for breach and consequence/s of breach/s)</b> | Yes<br>No     |   |
| Does the client have a history of physical violence (domestic or general)?<br><b>If yes please specify</b>  | Yes<br>No     |   |
| Has the client been incarcerated for Domestic/Family Violence?<br><b>(Note: Date/s of incarceration and date/s of release)</b>  | Yes<br>No     |   |
| Has the client been incarcerated for Violent Crimes?<br><b>(Note: Date/s of incarceration and date/s of release)</b>  | Yes<br>No     |   |
| Is the client open to engaging, and committing to completing a 27 week Men’s Behavioral Change Programme?   | Yes<br>No     |   |
| Is the client employed and able to attend morning/ afternoon groups?  | Yes<br>No     |   |
| Does the client’s domestic violence involve children?   | Yes<br>No     |   |

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|  |           |       |
|--|-----------|-------|
| Are the contact details of the aggrieved available (if so please provide)? | Yes<br>No |       |
| Does the offender have contact (lawful or unlawful) with the aggrieved?    | Yes<br>No |       |
| Does the client present with any significant substance abuse issues?       | Yes<br>No |       |
| Does the client present with any significant mental health issues?         | Yes<br>No |       |
| <b>Referring Officer Signature:</b>  |           | Date: |

Dear Practitioner,  
Please complete the below information to assist in identifying the outcome of the referral.

| <b>QUESTION</b>   | <b>YES/NO</b> | <b>COMMENTS</b><br><i>By exception only</i> |
|---|---------------|---|
| Did the client attend the initial referral session?                             | Yes<br>No     |   |
| Did the client engage satisfactorily in the session?                            | Yes<br>No     |   |
| Is the client eligible to attend the 27 week Men’s Behavioral Change Programme? | Yes<br>No     |   |



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|   |           |  |
|---|-----------|--|
| Is further action required from the Probation and Parole Case Manager?    | Yes<br>No |  |
| Are there any concerns for the offender’s risk of harm to self or others? | Yes<br>No |  |
| Further comments as required:   |           |  |
| <b>Referring Practitioner Signature:</b>                                  | Date:     |  |

Please email referral form manually or click on the button to submit directly:

**Toowoomba** joyceb@dvac.org.au Subject line: Men’s Program Referral Checklist

To discuss this referral, or for client self-referral please contact us on 07 4566 2635.