



SASV EXTERNAL AGENCY REFERRAL FORM

DATE:

REFERRING AGENCY DETAILS

Name of referring agency:

Name of referring worker:

Phone:

Email:

CLIENT DETAILS

Client name:

DOB:

Address:

Email:

Contact number:

Email preferred: Yes No

Safe to call as DVAC: Yes No

Best contact time:

Safe to leave a message: Yes No

Identifies as: Aboriginal Torres Strait Islander

CALD client: Yes No

Other: Yes No

Interpreter required: Yes No

Please specify:

Primary language:

Disability: Yes No

Type:

EMERGENCY CONTACT

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

Name:

Relationship:

Contact details:

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



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SEXUAL VIOLENCE INFORMATION

Historical sexual assault

Childhood sexual assault

Recent disclosure

ACUTE (LESS THAN 24 HRS TO 1 MONTH): CONTACT STATEWIDE SEXUAL ASSAULT HELPLINE 1800 010 120

Alleged offenders name:

Ongoing risk of harm: Yes No Unknown

Reported:

Support required to report:

Police Yes No N/A

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

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

ANY FURTHER INFORMATION

Referral discussed with client: Yes No

Date consent provided:

(Please note a referral will only be accepted with client consent)

DVAC takes seriously the rights of all clients to confidentiality and privacy of information including the right to remain anonymous if they choose. In particular, we recognise 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 standards of the Australian Privacy Principles regarding the collection, storage, disclosure and use of personal information about individuals.

Please email referral form manually to either email address below, or click on the appropriate button to submit directly:

Ipswich

intakeipswich@dvac.org.au

Subject line: SASV Referral

Toowoomba

intaketwba@dvac.org.au

Subject line: Youth SV Referral or SASV Referral