

Safer Pathway referral form

For use by General Practitioners, non-government service providers and government agencies other than police, to refer victims of domestic and family violence for support.

Details of the victim

Name

Date of birth (dd/mm/yyyy)

Gender Female Male Other

Address Postcode

Contact number Safe time to contact

Does the victim require an interpreter to communicate?

No Yes, please specify which language

Name and age of children (if applicable)

Relationship to the perpetrator

Details of the perpetrator

Name

Date of birth (dd/mm/yyyy)

Gender Female Male Other

Address Postcode

Was the victim's threat level identified by:

Domestic Violence Safety Assessment Tool
Other risk identification tool
Professional judgment

Is the victim at:
threat
serious threat

Please provide the completed DVSAT or other risk identification tool if available. Where professional judgement has been used, please provide a detailed case file note on risks and background issues.

Please provide any background information/major risk indicators

Has the victim consented to the referral?

Yes

No, *please explain why you are making the referral without the victim's consent (for example the victim is at serious threat and you believe it is necessary to make the referral to reduce the threat.)*

Does the victim have any specific requirements that need to be addressed? *(For example, housing)*

Have you made any other referrals for the victim?

No

Yes, *please provide details*

Have you contacted the police in relation to this victim?

Yes

No

Have you completed the *Mandatory Reporter Guide* regarding any child protection concerns?

Yes

No

Details of the referrer

Name

Position/profession

Company name

Email address

Contact number

Date of birth

(dd/mm/yyyy)