

Safer Pathway Referral Pilot Form

This referral form is to be used by non-government service providers and government agencies (other than NSW Police) to refer clients who have experienced domestic and family violence to Safer Pathway Referral Pilot for support.

Is this referral being made through the Safer Pathway Referral Expansion Pilot?

- No
 Yes, *I am a participating pilot service provider based in Nowra or Wagga Wagga.*

Details of the client

Name

Date of birth (dd/mm/yyyy) (Client must be aged at least 16 years or older)

Gender Female Male Other

Address Postcode

Does the client identify as having a disability? No Yes Unknown

Does the client identify as LGBTQI? No Yes Unknown

Does the client identify as Aboriginal? No Yes Unknown

Does the client identify as Torres Strait Islander? No Yes Unknown

Does the client identify as CALD? No Yes Unknown

Does the client require an interpreter to communicate?

No Yes, please specify which language

Relationship to the perpetrator

Name and age of children living with the client (if applicable)

Details of the perpetrator

Name

Date of birth (dd/mm/yyyy) Perpetrator must be aged at least 10 years or older.

Gender Female Male Other

Address Postcode

Consent to referral

Have you explained to the client that their information will be shared with a specialist domestic violence support service for contact purposes if a referral is made?

- Yes ▶ Continue with referral No ▶ Please discuss with the client before proceeding

Has the client provided consent to the referral?

- Yes ▶ Continue with referral No ▶ Do not proceed with the referral unless client has provided consent

If the client provides consent to the referral, they will be contacted by a specialist domestic violence support service. Please include details that will ensure contact is made at a safe time.

Home Work Mobile

Contact instructions (e.g. preferred number, safe time to contact, times not to contact)

Client needs: Does the client require:

- Specialist Domestic and Family Violence support (e.g. referrals and information) and/or
 Safety Action Meeting (SAM) response

Please describe any concerns that the client has expressed in relation to Domestic and Family violence:

Have you made any other referrals for the client? (for example, for housing, financial support, medical care, mental health support etc)

- No Yes ▶ Please provide details (for example, date, service referred to, reason for the referral and outcome)

Do you have any child protection concerns?

- No Yes ▶ Please provide details, including information about any reports that have been made and attach any relevant documentation

Details of the referrer

Name

Position

Referring service/organisation

Email address

Contact number

Date of referral (dd/mm/yyyy)