



Referral Form

All referrals to be emailed to intake.mbcpr@tangentyere.org.au. Phone queries **08 8952 1430** or **0437 023 61**.

REFERRER'S DETAILS

| | | |
|----------------------|----------------------|----------------------|
| Name | Position/service | Date of referral |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone | Email | |
| <input type="text"/> | <input type="text"/> | |

REFEREE'S DETAILS

| | | |
|----------------------|----------------------|--|
| Name | Other names | |
| <input type="text"/> | <input type="text"/> | |
| Phone | Alternate phone | Is it safe to leave a message? |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Address

Other places of residence

| | | |
|----------------------|----------------------|----------------------|
| Date of birth | Age in years | Country of birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--|--|
| Preferred language (if Indigenous, eg. Arrente, Warlpiri, Pitjantjatjara etc.) | Interpreter required? |
| <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Indigenous identity

Aboriginal Torres Strait Islander Neither Unknown

Identifies with having a disability?

Yes No

If yes, please provide details (including any needs arising from disability)

Literacy

Basic Fluent Illiterate

Diagnosed health conditions (including mental health)?

Yes No

If yes, please provide details

PEOPLE AFFECTED BY MAN'S BEHAVIOUR

Include current and ex-partner/s. List all children under their primary adult carer.

| Name | Age | Address | Relationship to man |
|------|-----|---------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Crimes against person

- Physical
- Sexual
- Stalking
- Pet abuse
- Other (please specify)

Other crimes

- Property Damage
- Theft
- Other (please specify)

Other forms of abuse

- Emotional
- Verbal
- Social
- Financial
- Other (please specify)

LEGAL STATUS

Current orders

Expiry date

DVO

- Yes No

DVO conditions

- Full non-contact Limited

Family court orders

- Yes No

Name of protected person(s)

Other relevant information

CRIMINAL CHARGES INCLUDING CUSTODIAL STATUS AND CHARGES

Charges laid

Charges pending

ASCC release date

Periods of supervised order

MBC PROGRAM REQUIREMENT

Mandated by Court?

Yes No

If mandated, is partial or full completion of 16-week program required?

Partial completion Full completion

Please provide details (how long is client ordered to participate in the program?)

ATTACHMENTS

Related to offending history and reason for referral only

Domestic Violence Order

Statement of Facts

Criminal History

Sentencing Remarks

Risk Assessment

Family Court Order

Other (please specify)

Summary of services that the man is and/or will be involved with (such as drug and alcohol, medical, legal, parenting services etc.)

Summary of presenting issue/s leading to this referral

What attitudes, beliefs and behaviours does the man need to address?