|  |  |
| --- | --- |
| **Referer details** | |
| Date |  |
| Referrer’s Name: |  |
| Position /service: |  |
| Ph.no: |  |
| Email: |  |

**Marra’ka Mbarintja**

**Men’s Family Violence Prevention Program**

**Referral Form**

**Information about the man being referred**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | Family Name: | First Name: | | Second Name: | Other name/Aliases: |
|  |  | |  |  |
| **Contact details** | Home phone number: | Work phone number: | | Mobile phone number: | |
|  |  | |  | |
| Residential address: | | | Other places of residence: | |
|  | | |  | |
| **Age** | Date of birth: | Age in years: | |
|  |  | |
| **Language** | Preferred language: | Interpreter required (specify language/dialect): | | Dialect and any special instructions regarding interpreter: | |
|  | Yes  No | |  | |
| **CALD** | Country of Origin | | Visa status: | | |
|  | |  | | |
| **Indigenous identity** | Aboriginal | | Torres Strait Islander | | |
| Yes  No | | Yes  No | | |
| **Disability** | Identifies as having a disability | | Details of disability, including any needs arising | | |
| Yes  No  Not asked | |  | | |
| **Emergency contact** | Name | | | Phone number/s | |
|  | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner Details** | | | |
| (ex)-Partner’s name: |  | Date of Birth |  |
| Phone Number: |  | Country of origin: |  |
| Address: |  | | |
| Aboriginal: | Yes  No | Torres Strait Islander | Yes  No |
| Language |  | Visa status (if relevant): |  |

**People affected by the man’s behaviour**

(List children immediately under their primary adult carer and add rows if needed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name** | **First name** | **DOB** | **Address** | **Phone** | **Relationship to man** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Behaviour**

Please tick all forms of behaviour used and provide details at the bottom of each column (including frequency)

|  |  |  |
| --- | --- | --- |
| **Crimes against person** | **Property crimes** | **Other forms of abuse** |
| Physical (causing injury) | Property damage (serious) | Emotional |
| Physical (not causing injury) | Property damage (minor) | Verbal |
| Sexual | Theft | Social |
| Stalking | Other: | Financial |
| Threats |  | Spiritual |
| Pet abuse |  | Other: |
|  |  |  |

**Background information**

|  |
| --- |
| **Summary of INVOLVEMENT With Service** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary of CURRENT CASE PLAN** | | | |
|  | | | |
| **What attitudes, beliefs and behaviours does the man need to address?** | | | |
|  | | | |
| **SAFETY CONCERNS / Risk factors**  **(including mental health, drug and alcohol, use of violence)** | | | |
|  | | | |
| **Legal status** | **Current orders** | | **Expiry date** |
| DVO | Yes  No |  |
| DVO conditions : |  | |
| Protective order | Yes  No |  |
| Family court orders | Yes  No |  |
| Other legal orders | Yes  No | |
| Details of orders: |  | |
| **Criminal charges including custodial status and impeding charges** | | |
| Details |  | |