

PIP – MEN’S BEHAVIOUR CHANGE PROGRAM

/2

RISK IDENTIFICATION	YES/NO	COMMENTS <i>By exception only</i>
Does the client have a current domestic violence order in effect? (Note: Court location, conditions, term/expiry date)	Yes No	
Has the client been subject to previous domestic violence orders? (Note: Court location, conditions, term/expiry date)	Yes No	
Does the client have any current breaches or previous breaches re: Domestic Violence Order? (Note: Date/s of breaches, reason/s for breach and consequence/s of breach/s)	Yes No	
Does the client have a history of physical violence (domestic or general)? If yes please specify	Yes No	
Has the client been incarcerated for Domestic/Family Violence? (Note: Date/s of incarceration and date/s of release)	Yes No	
Has the client been incarcerated for Violent Crimes? (Note: Date/s of incarceration and date/s of release)	Yes No	
Is the client open to engaging, and committing to completing a 27 week Men’s Behavioral Change Programme?	Yes No	
Is the client employed and able to attend morning/afternoon groups?	Yes No	
Does the client’s domestic violence involve children?	Yes No	

PIP – MEN’S BEHAVIOUR CHANGE PROGRAM

/3

Are the contact details of the aggrieved available (if so please provide)?	Yes No	
Does the offender have contact (lawful or unlawful) with the aggrieved?	Yes No	
Does the client present with any significant substance abuse issues?	Yes No	
Does the client present with any significant mental health issues?	Yes No	
Referring Officer Signature:		Date:

Dear Practitioner,
Please complete the below information to assist in identifying the outcome of the referral.

QUESTION	YES/NO	COMMENTS <i>By exception only</i>
Did the client attend the initial referral session?	Yes No	
Did the client engage satisfactorily in the session?	Yes No	
Is the client eligible to attend the 27 week Men’s Behavioral Change Programme?	Yes No	

PIP – MEN’S BEHAVIOUR CHANGE PROGRAM

/4

Is further action required from the Probation and Parole Case Manager?	Yes No	
Are there any concerns for the offender’s risk of harm to self or others?	Yes No	
Further comments as required:		
Referring Practitioner Signature:	Date:	

Please email referral form manually or click on the button to submit directly:

Toowoomba joyceb@dvac.org.au Subject line: Men’s Program Referral Checklist

To discuss this referral, or for client self-referral please contact us on 07 4566 2635.