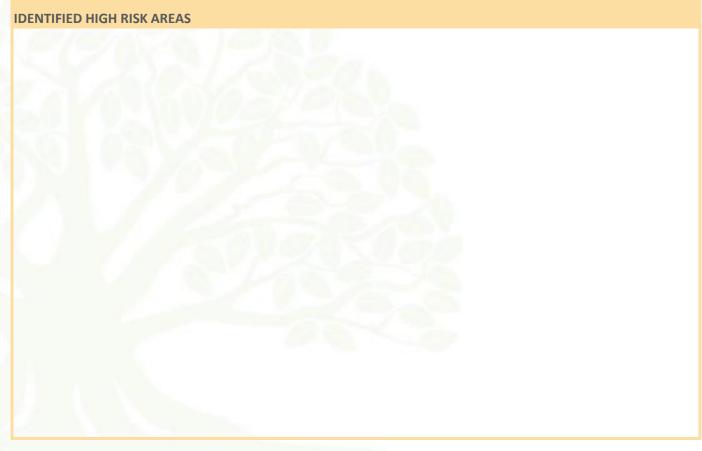


Ipswich 07 3816 3000 Toowoomba 07 4642 1354

PIP – Men's Behaviour Change Program Referral

Referral Date:

CLIENT DETAILS		
Client name:		DOB:
Address:		
Contact number:	Ethnicity:	
Order type:		Expiry date:
REFERRING OFFICER/AGENCY DETAILS		
Organisation name:		
Referring Officer name:		
Phone:	Fax:	
Email:		



dvac.org.au









RISK IDENTIFICATION	YES/NO	COMMENTS By exception only
Does the client have a current domestic violence order in effect?	Yes	
(Note: Court location, conditions, term/expiry date)	No	
Has the client been subject to previous domestic violence orders?	Yes	
(Note: Court location, conditions, term/expiry date)	No	
Does the client have any current breaches or previous breaches re: Domestic Violence Order?	Yes	
(Note: Date/s of breaches, reason/s for breach and consequence/s of breach/s)	No	
Does the client have a history of physical violence (domestic or general)?	Yes	
If yes please specify	No	
Has the client been incarcerated for domestic and family violence?	Yes	
(Note: Date/s of incarceration and date/s of release)	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 Program?	Yes	
Is the client employed and able to attend morning/afternoon groups?	Yes	
Does the client's domestic violence involve children?	Yes	
	No	

info@dvac.org.au Page 2



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 assessing the referral.

QUESTION	YES/NO	COMMENTS - By exception only
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	

info@dvac.org.au Page 3



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:
		(Marie Control of the

Please download and complete this form, then email to DVAC:

Or click the icon below to submit:

Toowoomba

MBIP@dvac.org.au Subject line: Men's Program Referral

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

info@dvac.org.au dvac.org.au Page 4