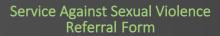


Ipswich 07 3816 3000 Toowoomba 07 4642 1354

Service Against Sexual Violence Referral Form

REFERRING AGENCY DETAILS										
Name of referring agency:										
Name of referring worker:										
Phone:	Email:									
CHENT DETAILS										
CLIENT DETAILS			_							
Client name:		DOB:								
Address: Contact number:										
Email:	Contact number:									
Email preferred: Yes	No	Safe to call as DVAC:	Yes	No						
Best contact time:	Safe to leave a message:	Yes	No							
Identifies as: Aboriginal	Torres Strait Islander	CALD client:	Yes	No						
Other: Yes No		Interpreter needed:	Yes	No						
Please specify:		Primary language:								
Disability: Yes No Type:										
EMERGENCY CONTACT										
Does the client have a safe pers	son we could contact? Yes	No								
Name:	Relationship:									
Contact details:										
REASON FOR REFERRAL (e.g., why is the client seeking support now, recent trigger/s, therapeutic goals):										

info@dvac.org.au dvac.org.au





SEXUAL VIOLEN	ICE INFORM	ATION								
Historical sexua	al assault		Childho	od sexual as	sault		Rec	ent discl	osure	
ACUTE (LESS THAN 24 HRS TO 1 MONTH): CONTACT STATEWIDE SEXUAL ASSAULT HELPLINE 1800 010 120										
Alleged offende	ers name:			0	ngoir	ng risk	of harm:	Yes	No	Unknown
Reported: Support required to report:										
Police	Yes	No		N/A			d Safety	Yes	No	N/A
Youth Justice Co	onference (i	f applica	able):			Cou				
Family Law Cou	ırt involvem	ent:	Yes	No	N	/A				
Victim Assist Q	ueensland (\	/AQ) ap	plication	submitted:	Υe	es	No	Unl	nown	
IDENTIFIED RISI	KS									
ANY FURTHER I	NFORMATIO	ON								
Referral discuss	sed with clie	nt: Yes	s No			Date	consent p	rovided	•	
(Please note a r	eferral will	only be	accepted	with client	cons	ent)				

DVAC takes seriously the rights of all clients to confidentiality and privacy of information including the right to remain anonymous if they choose. We recognise our duty of care to safeguard information which could jeopardize the security and safety of adults, children, or young people accessing DVAC services. DVAC is guided by standards of the Australian Privacy Principles on the collection, storage, disclosure and use of personal information about individuals.

Please download this form and fill it in, then email manually or click on the buttons to submit via email.

Ipswich intakeipswich@dvac.org.au Subject line: SASV Referral Submit buttons:

Toowoomba intaketwba@dvac.org.au Subject line: SASV Referral

info@dvac.org.au Page 2