



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: | | | |
| CLIENT DETAILS | | | | | | |
| Client name: | | | | DOB: | | |
| Address: | | | | | | |
| 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 person 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): | | | | | | |
| | | | | | | |





SEXUAL VIOLENCE INFORMATION

Historical sexual assault

Childhood sexual assault

Recent disclosure

ACUTE (LESS THAN 24 HRS TO 1 MONTH): CONTACT STATEWIDE SEXUAL ASSAULT HELPLINE 1800 010 120

Alleged offenders name:

Ongoing risk of harm: Yes No Unknown

Reported:

Support required to report:

Police Yes No N/A

Child Safety Yes No N/A

Youth Justice Conference (if applicable):

Court:

Family Law Court involvement: Yes No N/A

Victim Assist Queensland (VAQ) application submitted: Yes No Unknown

IDENTIFIED RISKS

Empty box for identifying risks.

ANY FURTHER INFORMATION

Empty box for any further information.

Referral discussed with client: Yes No

Date consent provided:

(Please note a referral will only be accepted with client consent)

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

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