



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):



Service Against Sexual Violence Referral Form

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:

Police Yes No N/A

Support required to report:

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

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

[Submit buttons:](#)

Toowoomba intaketwba@dvac.org.au

Subject line: SASV Referral