



Men's Behaviour Intervention Program

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:	

IDENTIFIED HIGH RISK AREAS





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 and 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 Program?	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	



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 - <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	



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 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