





SEXUAL VIOLENCE INFORMATION							
Historical sexual assault	Childhood sexual assault	Recent disclosure					
<b>ACUTE (LESS THAN 24 HRS TO 1 MONTH): CONTACT STATEWIDE SEXUAL ASSAULT HELPLINE 1800 010 120</b>							
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**

**ANY FURTHER INFORMATION**

Referral discussed with client:    Yes    No	Date consent provided:
<b>(Please note a referral will only be accepted with client consent)</b>	

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.

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|------------------|---------------------------|-----------------------------|------------------------|
| <b>Ipswich</b>   | intakeipswich@dvac.org.au | Subject line: SASV Referral | <b>Submit buttons:</b> |
| <b>Toowoomba</b> | intaketwba@dvac.org.au    | Subject line: SASV Referral |                        |