

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):						

dvac.org.au





SEXUAL VIOLENCE INFORMATION								
Historical sexual	assault	Childhoo	od sexual a	ssault	Rec	ent discl	osure	
ACUTE (LESS THAN 24 HRS TO 1 MONTH): CONTACT STATEWIDE SEXUAL ASSAULT HELPLINE 1800 010 120								
Alleged offende	rs name:		(Ongoir	ng 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 Cour	rt involvemer	nt: Yes	No	N	/Α			
Victim Assist Qu	eensland (VA	Q) application	submitted	l: Ye	s No	Unk	nown	

IDENTIFIED RISKS

ANY FURTHER INFORMATION		
Referral discussed with client: Yes No	Date consent provided:	
(Please note a referral will only be accepted with clien		

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 AustralianPrivacy 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	