The REBECCA Program is an early intervention education program, for young women up to the age of 25 years old. It comprises of 3 x 4-hour workshops that cover topics regarding the nature and impact of domestic and family violence, healthy and unhealthy relationships, increasing safety, protection orders and legislation, and introducing participants to relevant support services in the community.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | | |
| **Referring Person:** |  | **Agency / Org.:** |  |
| **Contact Number:** |  | **Email:** |  |

**YOUNG PERSON’S DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Contact Number:** |  | | |
| **Email:** |  | **Date of Birth:** |  |
| **Cultural Identity:** | Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander  CALD  Caucasian | | |

# EMERGENCY CONTACT

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Relationship:** |  |
| **Contact Number:** |  | | |

# PARTNER’S DETAILS

|  |  |
| --- | --- |
| **Partner’s Name:** |  |

|  |  |
| --- | --- |
| **Is there a current DVO between the participant and their partner?** | **Yes**  **No**  **Unknown** |
| **Are there any other current or expired Domestic Violence Order/s?** | **Yes**  **No**  **Unknown** |

# DVO DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **DVO Type:** |  | **Expiry:** |  |
| **Aggrieved:** |  | | |
| **Respondent:** |  | **Relationship:** |  |
| **Named Persons:** |  | | |
| **Conditions:  Good behaviour/Mandatory only** | | | |
| Additional conditions: | | | |

**CHILD/CHILDREN’S DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the young person have any children:** | **Yes**  **No** | **Custody arrangements i.e. shared, full-time:** |  |
| **Number of children:** |  | **Age/s of children:** |  |

|  |
| --- |
| **Does the individual require any supports in order to participate in the program?**  **i.e. have a support worker present** |
|  |

|  |  |  |
| --- | --- | --- |
| **Are there any other agencies currently working with the young person?** | | **Yes**  **No** |
| **Agency Name** | **Name of Caseworker** | **Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Any other general comments to support this referral?** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Use Only** | | |  |
| **IFYS Employee’s Name:** |  | **Eligibility confirmed:** | **Yes**  **No** |
| **Date Received:** |  |
| **Notes:** | | | |
|  | | | |