


Australia

TSA Family Violence Service - Outreach Referral Form

Please send referrals to – scdfv@salvationarmy.org.au

If this is a presenting emergency/imminent risk please contact emergency services on 000 or DVCONNECT on 1800 811 811

Date of referral:

Basic details	First name	Surname	DOB	Gender
Victim-survivor				
Child 1				
Child 2				
Child 3				
Child 4				

Information about the victim-survivor:

Did the victim-survivor consent to this referral? Y/N (referrals must have consent)

Address:

Phone number: Is this phone safe for us to contact the person on? Y/N

If no, how can they be contacted?

Aboriginal/Torres Strait Islander/South Sea Islander (circle)

CALD Y/N LGBTIQ Y/N Disability Y/N If yes, any specific support needs:

Country of birth: Interpreter required Y/N

Information about the Person Using Violence (PUV) (if unknown or unable to provide leave blank):

Full name: DOB/age:

Their location: Relationship to victim-survivor:

Is the PUV known to abuse drugs/alcohol? Y/N If Y, what substances:

Information about the referrer:

Name: Agency:

Phone number: E-mail:



What prompted this referral (i.e. police call out, victim-survivor presented)? Please provide a brief summary:

Are any of the following present (if known)? (please circle/highlight)

History of Family and Domestic Violence	Recent separation
Sexual violence	Strangulation/choking
Stalking	Threats to kill
Access or use of weapons	Escalation (severity/frequency)
Coercive control	Pregnancy/new birth

Is there a Domestic Violence Order or similar (TPO/PPN)? Yes/No/Unknown

What are the conditions/expiry? (attach copy if available)

Any other relevant or contextual information (i.e. any information about the relationship, history of violence from PUV in this or other relationships, mental health concerns, other identified risks)?

Details of service need (please circle):

Risk assessment/safety planning

Information/support accessing other services

Advocacy/court support

Financial/accessing grants

Home safety assessment/upgrade

Other identified needs:

Please ensure the person you have referred has the number for DVCONNECT: 1800 811 811 for outside of business hours