

Date of referral:	Name of referrer:	Role of referrer:	Contact number:
Email address:			

Details of father being referred:

Full Name (and other names if applicable):	
Date of Birth:	
Address:	
Contact number:	
Cultural identity:	
Gender Identity:	
Awareness/Consent for referral:	

Victim Survivor(s) being referred (if applicable):

Full Name (and other names if applicable):		
Date of Birth:		
Address:		
Contact number:		
Safe to leave a message or text?		
Gender Identity:		
Cultural identity:		
Currently pregnant? If yes, expected due date?		

Details of child/ren being referred:

Name	Date of Birth	Gender Identity	Cultural Identity	Parent/Carer

Details of other family members:

Name	Gender	Date of Birth	Relationship to client

Reason for referral:

Current services involved:

Organisation	Name of Workers	Contact details	Current/Inactive

Court orders:

Are there any Children's Court Orders?

Please attach a copy

Interim protection order

Family preservation order

Undertaking

Custody to third party order

Interim accommodation order

Care by secretary order

Therapeutic treatment order

Permanent care order

Family reunification order

Long term care order

Are there any Intervention Orders that you are aware of?

Please attach a copy.

Intervention order –

Interim order Final order Limited conditions All conditions (full exclusion)

Breaches

Family Violence assessment

Please indicate the following Family Violence behaviours

	YES	NO	UNKNOWN
Have they controlled the victim survivor day to day activities			
Have they physically hurt the victim survivor in any way?			
Is the perpetrator currently unemployed?			
Has the perpetrator recently:			
Threatened or attempted suicide or self-harm?			
Misused alcohol or other drugs/substances?			
Followed, repeatedly harassed or messaged the victim survivor?			
Been obsessively jealous towards the victim survivor?			
Has any violence increased in severity or frequency?			
Have they ever...			
Controlled access to money or had negative impact on the victim survivor's financial situation?			
Been seriously harmed?			
Assaulted the victim survivor while they were pregnant?			
Threatened or used a weapon against the victim survivor?			
Tried to choke or strangle the victim survivor?			
Does the perpetrator have access to weapons?			
Do you believe it's possible the perpetrator could seriously harm the children and/or family?			
Has the perpetrator ever threatened to harm their child/ren?			
Has the perpetrator every harmed the child/ren?			
Have children ever been present during/exposed to family violence incidents?			
Are there child/ren under the age of 1?			

Additional relevant information regarding the father:

Including current FV risk indicators, incidences and behaviours, Information regarding childhood, mental health status/treatments, Protective factors.

Additional relevant information regarding the child:

Plan:

PLEASE COMPLETE REFERRAL FORM AND RETURN TO:

'Attention: Caring Dads Program'

Email: omcasaintake@cav.org.au or

by mail

The Centre Against Violence

PO Box 438

Wangaratta VIC 3676

PH: (03) 5722 2203

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