



Engender
Equality

REFERRAL FORM

Please email to admin@engenderequality.org.au or phone on 03 62789090 for queries.

Referrer Details:

Name:	
Organisation:	
Phone:	
Email:	

Client Details:

Name:	Gender:
DOB:	Address:
Phone contact:	Is phone safe to call? YES <input type="checkbox"/> NO <input type="checkbox"/> Is phone safe to text? YES <input type="checkbox"/> NO <input type="checkbox"/>

Children Details:

Child's Full Name:		D.O.B:
Child's Full Name:		D.O.B:
Child's Full Name:		D.O.B:

Other information:

Aboriginal &/or Torres Strait Islander:	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>
Culturally and linguistically diverse:	YES <input type="checkbox"/> NO <input type="checkbox"/> Country of birth:
Recent Separation:	YES <input type="checkbox"/> NO <input type="checkbox"/> Details:
Do you have difficulty using stairs:	YES <input type="checkbox"/> NO <input type="checkbox"/> Details:
Drug/Alcohol use:	YES <input type="checkbox"/> NO <input type="checkbox"/> Details:
Mental health diagnosis:	YES <input type="checkbox"/> NO <input type="checkbox"/> Details:

Family Violence Orders:

<ul style="list-style-type: none">• Police Family Violence Order (PFVO) or Family Violence Order (FVO):	Expires:
Conditions:	

REASON FOR REFERRAL/ ASSESSMENT:

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CLIENT ASSESSMENT OF OWN RISK
Fears for safety: YES <input type="checkbox"/> NO <input type="checkbox"/>
Fears for children’s safety: YES <input type="checkbox"/> NO <input type="checkbox"/>
Fears for others (Family, pets, others): YES <input type="checkbox"/> NO <input type="checkbox"/>
Is pregnant/new or recent birth: YES <input type="checkbox"/> NO <input type="checkbox"/>

REGION:

- Hobart
- Launceston
- North West

SERVICE REQUIRED:

- Face to face counselling
- Skype/phone counselling for regional clients or those with access challenges
- Support groups (when available)

Is client aware of referral? YES NO

Engender only takes referrals made in conjunction and with informed consent of the client.