

Please email to admin@engenderequality.org.au or phone 03 6278 9090 for more information

Referral date:	
----------------	--

Referrer Details:

Name:	
Organisation:	
Phone:	
Email:	

Client Details:

Name:		DOB:	
Gender:		Pronouns:	
Phone:		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"/>
Address:			

Childrens Details:

Child's full name:		DOB:	
Child's full name:		DOB:	
Child's full name:		DOB:	
Child's full name:		DOB:	
Child's full name:		DOB:	

Family Violence Orders:

Police Family Violence Order (PFVO):	YES <input type="checkbox"/> NO <input type="checkbox"/>	Expires:	
Family Violence Order (PFVO):	YES <input type="checkbox"/> NO <input type="checkbox"/>	Expires:	
Conditions:			

Additional Information:

Aboriginal or Torres Strait Islander:	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	No <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:	
Difficulty using stairs:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Details:	
Mental health diagnosis:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Details:	

Reason for Referral/Assessment: (Also note here anything else the client would like us to know?)

Client Assessment of Own Risk:

Fears for safety:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Details:	
Fears for children's safety:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Details:	
Fears for others: (eg family, pets, friends)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Details:	
Pregnant or recent birth:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Details:	

Service Required:

Region:	Hobart <input type="checkbox"/> Launceston <input type="checkbox"/> North West <input type="checkbox"/>
*Is client aware of the referral?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Face to face counselling <input type="checkbox"/> Zoom/phone counselling for regional clients or those with access challenges <input type="checkbox"/> Support groups	

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