RAILS
Refugee and Immigration
Legal Service

DOMESTIC VIOLENCE REFERRAL FORM

Attention: admin@rails.org.au or fax 38443073

From: _____   Date of referral: _____

               Worker
Organisation _____   Phone: _____

Email _____

☐ Urgent ☐ Time limitation: <u>Date</u>:   <u>Reason</u>:

Client details

☐ Please complete the client details on the back of this form.

☐ Please advise us if we should be aware of safety issues or times to call/not call the client.

☐ You **must** include partner details in 'Other Parties.'

Referral without family violence assessment

If any of the following apply, RAILS does NOT require a written assessment of family violence at this time:

    ☐ If your client is a permanent resident (e.g. subclass 100 or 801 visa) or is an Australian citizen

    ☐ The client's sponsoring partner has died

    ☐ There is a child of the relationship

    ☐ The client has a FINAL DVPO against the partner

Referral with family violence assessment

For all others, we require a written assessment of family violence.

Family violence assessment attached? ☐ Yes

In addition, please answer the following questions:

1. Has the client separated from their spouse?   ☐ Yes ☐ No

2. Date the client separated from their spouse: _____

3. Has DIBP been notified of the separation?   ☐ Yes ☐ No

4. Is there a DIBP letter that the client needs to respond to?   ☐ Yes ☐ No

ADDITIONAL ATTACHMENTS WHERE AVAILABLE (Scanned):

☐ Current visa of client   ☐ DIBP or other letters   ☐ Current visa of client's children

☐ Photo page of passport with stamps for entry into Australia

FV referral form February 2019

ADVICE ☐
LEGAL TASK ☐
NO:

Mode of service:

In person: EAS	☐
In person: Daytime advice	☐
Phone advice	☐
Mail advice	☐
Outreach advice: _____	☐

DATE OF SERVICE:

CLIENT DETAILS

First Name:	**D.O.B:**
Surname:	**Phone:**
Address:	**Post Code:**
Gender: Male ☐ Female ☐	**Country of birth:**
Language spoken at home:	**Current visa:**
Requires Interpreter: Yes ☐ No ☐	**Date of arrival in AUS:**

Spoken English: Very well ☐ Well ☐ Not well ☐ Not all all ☐ Not stated ☐

Written English: Very well ☐ Well ☐ Not well ☐ Not all all ☐ Not stated ☐

Aboriginal or TSI: No ☐ Yes, Aboriginal ☐ Yes, TSI ☐ Both ☐

Disability: No ☐ Yes ☐ If yes, describe:

Family type:
Two parent family with dependent children ☐ No. of dependents _____
Sole parent family with dependent children ☐ No. of dependents_____
Not living in a family (shared house, hostel, alone) ☐ Other:

Relationship status:
Never married: ☐ Widowed ☐ Divorced ☐ Seperated ☐ Married (de facto) ☐ Not stated ☐

EMPLOYMENT DETAILS

Status:	**Centrelink income:**	**Income level:** High ☐	**Income source:** Earned ☐
Employed ☐	No ☐	Medium ☐	Government allowance ☐
Unemployed ☐	Yes ☐	Low ☐	No income ☐
Other:	If yes, what:	No income ☐	Other:
Any Dependants:			

PROBLEM DETAILS

Description:

Other parties involved: DIBP ☐ Other party ☐ Related client ☐

Name	Date of Birth	Relationship