

DOMESTIC VIOLENCE REFERRAL FORM

Attention: admin@rails.org.au or fax 38443073	
From: _____ Worker	Date of referral: _____
Organisation _____	Phone: _____
Email _____	
<input type="checkbox"/> Urgent <input type="checkbox"/> 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 the DHA been notified of the separation? Yes No
4. Is there a DHA letter that the client needs to respond to? Yes No

ADDITIONAL ATTACHMENTS WHERE AVAILABLE (Scanned):

- Current visa of client DHA or other letters Current visa of client's children
- Photo page of passport with stamps for entry into Australia



RAILS
Refugee and Immigration
Legal Service

ADVICE
LEGAL TASK
NO:
DATE OF SERVICE:

Mode of service:

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

CLIENT DETAILS

First Name:	D.O.B:
Surname:	Phone:
Address:	Post Code:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Country of birth:
Language spoken at home:	Current visa:
Requires Interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of arrival in AUS:
Spoken English: Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not all all <input type="checkbox"/> Not stated <input type="checkbox"/>	
Written English: Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not all all <input type="checkbox"/> Not stated <input type="checkbox"/>	
Aboriginal or TSI: No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, TSI <input type="checkbox"/> Both <input type="checkbox"/>	
Disability: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, describe:	
Family type: Two parent family with dependent children <input type="checkbox"/> No. of dependents _____ Sole parent family with dependent children <input type="checkbox"/> No. of dependents _____ Not living in a family (shared house, hostel, alone) <input type="checkbox"/> Other:	
Relationship status: Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Seperated <input type="checkbox"/> Married (de facto) <input type="checkbox"/> Not stated <input type="checkbox"/>	

EMPLOYMENT DETAILS

Status: Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:	Centrelink income: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what:	Income level: High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> No income <input type="checkbox"/>	Income source: Earned <input type="checkbox"/> Government allowance <input type="checkbox"/> No income <input type="checkbox"/> Other:
Any Dependants:			

PROBLEM DETAILS

Description:

Other parties involved: DIBP Other party Related client

Name	Date of Birth	Relationship