

**DOMESTIC VIOLENCE REFERRAL FORM**

Attention: [admin@rails.org.au](mailto:admin@rails.org.au) or fax 38443073

From: \_\_\_\_\_ Date of referral: \_\_\_\_\_  
Worker

Organisation \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

Urgent  Time limitation: Date: \_\_\_\_\_ Reason: \_\_\_\_\_

**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**

<b>First Name:</b>	<b>D.O.B:</b>
<b>Surname:</b>	<b>Phone:</b>
<b>Address:</b>	<b>Post Code:</b>
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Country of birth:</b>
<b>Language spoken at home:</b>	<b>Current visa:</b>
<b>Requires Interpreter:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Date of arrival in AUS:</b>
<b>Spoken English:</b> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/> Not stated <input type="checkbox"/>	
<b>Written English:</b> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/> Not stated <input type="checkbox"/>	
<b>Aboriginal or TSI:</b> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, TSI <input type="checkbox"/> Both <input type="checkbox"/>	
<b>Disability:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, describe:	
<b>Family type:</b> 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:	
<b>Relationship status:</b> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married (de facto) <input type="checkbox"/> Not stated <input type="checkbox"/>	

**EMPLOYMENT DETAILS**

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

**PROBLEM DETAILS**

**Description:**

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

Name	Date of Birth	Relationship