



Tangentyere Domestic Violence Specialist Children's Service **REFERRAL FORM**

Please email completed forms to intakefv@tangentyere.org.au

REFERRER DETAILS

Name:	
Agency:	
Email:	
Contact number/s:	

YOUNG PERSONS DETAILS

Name:			DOB:	
Address:				
Any other known addresses:				
Are there any safety concerns when visiting any of the above addresses? If yes, please provide details				
Identity	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/>			
Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Language:		
Does the young person have any children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide names and ages of children (including DOB where known):		

PRIMARY CAREGIVER DETAILS

Name:	
Relationship to young person:	
Mobile Contact:	
Do they live at the same address as the young person?	Yes <input type="checkbox"/> If not, please provide address details:

Name:	
Relationship to young person:	
Mobile Contact:	
Do they live at the same address as the young person?	Yes <input type="checkbox"/> If not, please provide address details:

EMERGENCY CONTACT	Name:	
	Relationship to young person:	
	Mobile contact:	
	Address:	

DOMESTIC AND FAMILY VIOLENCE

The young person HAS or IS experiencing (including as a witness to) domestic and family violence within their family ☐

The name of the person using violence	
The name of the person experiencing violence	
Is there a DVO currently in place?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

The young person HAS or IS experiencing domestic and family violence from a partner ☐

Name of the person that is using violence	
DOB (if known)	
Is there a DVO currently in place?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

The young person is using domestic and family violence ☐

Name of person the young person is using violence against	
DOB (if known)	
Relationship to the young person	
Is there a DVO currently in place?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

DOMESTIC VIOLENCE ORDERS (DVO)

PLEASE ATTACH A COPY OF ANY DVOs TO THIS REFERRAL

If a copy of the DVO is unavailable, please complete the following:

Name of the Protected Person		DOB:	
Name of the Defendant		DOB:	
Relationship			
Type of DVO			
Expiry			

Please provide any other relevant information about the young persons experiences and/or use of violence, including history where possible, details of any current safety concerns and types of violence being used/experienced, and what support you are hoping to get for the young person from this referral

TERRITORY FAMILIES

CHILD PROTECTION	Is there a current open Investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Is there a current open Case?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Team:		
	Case Manager:		
	Please provide details of any Orders that are in place:		

YORET	Is the young person engaged with the YORET?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, name of Case Manager:		
	Please attach details of any current court orders or bail conditions, if possible, or detail below:		

SCHOOL

Is the young person currently enrolled at school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, which school?		
Is the young person currently attending school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

HEALTH

Does the young person have any mental health issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, is the young person receiving any specialist mental health support?	Service providing support:	
Does the young person have any issues with drug or alcohol abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, is the young person receiving any specialist support?	Service providing support:	

OTHER SERVICES

Please provide details of any other services that you know to be engaged with the young person

Service Provider				
Contact Person				
Contact Details	Phone		Email	

Service Provider				
Contact Person				
Contact Details	Phone		Email	

CONSENT

Is the young person aware that this referral has been made? Yes ☐ No ☐

Are family members aware that this referral has been made? Yes ☐ No ☐

If yes, please provide names of the family members who were spoken to about the DVSCS:

Is there anything that the young person or their family would like the DVSCS to know?