

Safer Pathway referral form

Hunter Valley Safety Action Meeting



EMAIL REFERRALS TO: intakedvp@carriesplace.org.au

In the SUBJECT Line please indicate: **Hunter Valley or Port Stephens- Hunter SAM referral**

1. Details of the victim

Name: _____

Date of birth: (dd/mm/yyyy) _____

Gender: Female ☐ Male ☐ Other ☐

Is the person of Aboriginal and/or Torres Strait Islander origin?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander

Is the person living with a disability? Please identify disability _____

Address: _____ Postcode: _____

Contact number: _____ Safe time to contact: _____

Does the victim require an interpreter? ☐ No ☐ Yes, please specify which language _____

2. Details of children (if applicable):

Name: _____ DOB: _____ School / Care: _____

Name: _____ DOB: _____ School / Care: _____

Name: _____ DOB: _____ School / Care: _____

Name: _____ DOB: _____ School / Care: _____

Name: _____ DOB: _____ School / Care: _____

Name: _____ DOB: _____ School / Care: _____

Has a ROSH report been completed? ☐ No ☐ Yes, provide reference # _____

Victim/Children Relationships to the perpetrator:

3. Details of the perpetrator

Name: _____

Date of birth: (dd/mm/yyyy) _____

Gender: Female ☐ Male ☐ Other ☐

Address: _____ Postcode: _____

4. Threat / Assessment details

Was the victim's threat level identified by:

☐ Domestic Violence Safety Assessment Tool

☐ Other risk identification tool

☐ Professional judgement

Please provide the completed DVSAT or other risk identification tool if available. Where professional judgement has been used, please provide a detailed case file note on risks and background issues.

Please provide any background information/major risk indicators:

Were Police contacted in relation to this victim? ☐ Yes ☐ No

5. Consent

Has the victim consented to the referral? ☐ Yes ☐ No,

If no, please explain why you are making the referral without the victim's consent (for example the victim is at serious threat and you believe it is necessary to make the referral to reduce the threat.)

6. Other support needs

Does the victim have any specific requirements that need to be addressed? *(For example, housing, disability considerations, other identified support needs).*

Have you made any other referrals for the victim?

☐ No ☐ Yes, please provide details

7. Details of the referrer:

Name: _____ Position: _____

Company/Org name: _____

Email address: _____ Contact number: _____