



Empowering survivors of domestic violence to reclaim their lives

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Referral for Beyond DV

This e-form contains fillable PDF fields that can be completed electronically (or by hand), saved and then emailed to info@beyonddv.org.au

Must reside in the Brisbane area or be willing to travel from within the Greater Brisbane Area

Must be out of the abusive relationship for a minimum of three months

Able to engage/ participate in a recovery-based program

*If all these criteria are **not** met the referral will be declined

***Please note: Beyond DV is not a crisis service and does not offer outreach services but can refer to services that may be able to assist**

Date of Referral: ____/____/____

DETAILS OF PERSON BEING REFERRED

Name:

Age: DOB: Gender:

Phone: Email:

Address:

Do you identify as:

Aboriginal Torres Strait Islander Both

Australian South Sea Islander CALD Disability None

Country of birth: Language at home:

Is an interpreter required: YES NO

Please tick if it is safe to: CALL TEXT VOICEMAIL EMAIL

Details of why the referral is being made

REFERRING AGENCY DETAILS

Name of Referring Agency:

Name of Referring Worker:

Phone: Email:

Current support being offered by agency or other government/ non-government agencies:

Agency

Type (E.g., case worker)

Please tick what supports are being offered by the organisations?

Housing Case Management Counselling Financial Support Other

Give Details:

CHILDREN AND DEPENDENTS

Full Name: Relationship:

DOB: Age: Gender:

Full Name: Relationship:

DOB: Age: Gender:

Full Name: Relationship:

DOB: Age: Gender:

Full Name: Relationship:

DOB: Age: Gender:

Full Name: Relationship:

DOB: Age: Gender:

If applicable, order type: Private Court Ordered Date of Order:

What are the care arrangements?

Is Child Safety involved? YES NO

Details of Child Safety Intervention / Involvement:

Additional Details

Is the person pregnant? YES NO

Is there a current Protection Order in place? YES NO

If YES, Order Type: Temporary Final Private Police

Date of Order: Duration of Order:

Is the person engaged in a new relationship? YES NO

If YES, how long have they been in the new relationship?

Are there any safety plans/ safety concerns for the person being referred?

Are there any Mental Health concerns? YES NO

Do you feel suicidal? YES NO

Have you attempted suicide? YES NO

If YES, when?

Are you on any medication? YES NO

Medication Details (optional):

Name:

Name:

Contact person in case of an emergency:

Name: Relationship:

Email: Phone:

Details of Programs

*for more information visit www.beyonddv.org.au

***Please note: Intake meeting and a goal setting appointment are required to access these further opportunities within Beyond DV**

Programs	Tick for Interest
<u>New Pathways First Steps</u> 1 day over 4 weeks – focus on preparing re-entry into the workforce, builds self-esteem, confidence, self-care over several sessions	<input type="checkbox"/>
<u>Bridging the IT Gap</u> 1/2 day over 4 weeks – focus on transitioning back into study and/ or the workplace	<input type="checkbox"/>
<u>Reach into Retail</u> 4 weeks – Cert I certificate awarded with possible employment opportunities with retailers	<input type="checkbox"/>
<u>Extra Time Out Peer Support Morning Tea</u> Weekly/ Fortnightly opportunity to connect with others (School terms only)	<input type="checkbox"/>
<u>Pathways to Hope</u> Career/ Study / Mentoring / Financial Counselling	<input type="checkbox"/>
<u>Hope 4 Life Youth Programs</u> Homework club, yearly camp, hangouts	<input type="checkbox"/>
<u>Bright Start Education Support</u> Playgroup at Carina Tuesdays and Fridays 9.30am – 11.30am (School terms only)	<input type="checkbox"/>
<u>Counselling *WAIT TIMES APPLY FOR COUNSELLING*</u> Six individual sessions are available (50 minutes) Paid for by Beyond DV *Must have completed six individual sessions to be eligible for: Beyond DV Wellness Project Group sessions *Must have completed the Beyond DV Wellness Project Group to be eligible for: Shark Cage Therapy – Focusing on preventing revictimization	<input type="checkbox"/>
<u>Online Support Group</u> Peer support via private Facebook group. Accessible after Intake	<input type="checkbox"/>
<u>Bright Start Education Support</u> Advocacy and support for families in educational settings Big Emotions Toolkit"- coaching for children (5-12 years) around regulation of emotions after trauma	<input type="checkbox"/>
<u>Bringing Up Great Kids</u> Five-week parenting program created by the Australian Childhood Foundation	<input type="checkbox"/>
<u>Wellbeing Activities</u> Food relief / Trauma-informed yoga / Trauma-informed self-defence / Mindfulness	<input type="checkbox"/>

Any other relevant information:

*If any of your details or circumstances change, please inform one of the Beyond DV team members.

I agree to the following:

- I understand that Beyond DV is not a crisis service.
- I have the capacity to engage in Beyond DV recovery-based programs and services at one or more of Beyond DV's centres/hubs.
- I understand that Beyond DV does not provide outreach services and only provides case management in very limited circumstances.

Client Signature:

Client Name:

Date:

OR I have received verbal consent from my client to complete and submit this referral (If applicable).

Worker Signature:

Worker Name:

Date:

What happens next?

A member of the Beyond DV team will be in contact to arrange an Intake meeting. This meeting will be face to face at one of our locations to discuss what Beyond DV can offer and to arrange a goal setting appointment.

