

Referral Form

bRAVe Steps Children’s and Adults Family Violence Counselling and Parenting Support

- Children’s FV counselling is available in person at Cranbourne and Berwick Centres
- Adults FV counselling is available in person at Cranbourne
- All counselling and support can be provided on-line or via telephone

Completed referral form and any enquiries can be sent to: enquiriesfvcounselling@rav.org.au

- *This service is for children, young people, and adults who are experiencing or have experienced family violence. It uses case coordination and multimodal therapeutic approaches.*
- *Clients experiencing current family violence and/or are at immediate risk should be referred to the Orange Door, Safe Steps or the police.*

NOTE: A separate referral form is required for each adult / child / young person requiring a service and must be completed in full.

Consent to share relevant information for the purpose of risk assessment and management:

NOTE: This service is **not** an ISE or RAE and is not prescribed under the information sharing scheme. Unless the client is at serious risk to their health, life and/or safety, consent must be provided by the client to share information.

Is the client at serious risk: Yes No

If yes, what information will be shared: _____

Has the client (or parent/guardian of children) consented to this referral: Yes No

If no, describe the reason: _____

Has the client (or parent/guardian of children) consented to sharing of information:

Yes No

If yes, describe what will be shared:

MARAM risk assessment: Yes No *(If yes, please remember to send with this referral)*

Other: _____

Children will be assessed by the practitioner to determine if counselling is appropriate and will not place them at risk of further harm.

Referrer details:

| | | | |
|----------------------------|--|------------------------------|--|
| Referring worker | | Referring agency | |
| Referrer email | | Referrer phone: | |
| Current RAV client? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, what program? | |
| Date of referral: | | | |

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|--|---|
| Please indicate if this referral is for an adult OR child and site being referred to | Adult Family Violence counselling <input type="checkbox"/> |
| | Children's FV counselling (bRAVe Steps) and/or parenting support <input type="checkbox"/> |

Client Details

| | | | | | |
|---|---|--|------------------------------|--------------------------------|--|
| Client's Name: | | DOB: | | Pronouns: (ie. He/she/they) | |
| Parent's name (if client is child): | | DOB of parent/guardian: | | | |
| School Attending (if child): | | School grade/year (if child): | | | |
| Client country of birth: | | Language spoken at home: | | | |
| Does client identify as Aboriginal or Torres Strait Islander? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Phone number: | | Is it safe to SMS? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | | Do you want SMS reminders of appointments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Email address: | | Is it safe to email? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Residential Address: | | | | | |
| Does client reside with the person using violence? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Emergency Contact (name and number): | | | | | |
| Are there any Intervention Orders? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | |
| IVO Expiry Date: | Copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/> Details: | | | | |
| Are there any court cases pending? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | |
| Please provide details: | | | | | |
| | | | | | |
| Is Child Protection involved? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | |
| If yes, please list Child Protection workers/region involved: | | | | | |
| Details / Length of involvement from Child Protection: | | | | | |

| | | | |
|---|--|------------------------------|-----------------------------|
| Are there any Court/Parenting/Child Protection Orders? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Expiry / Details: | | | |
| Are there any current safety concerns? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Details / Additional info: | | | |
| Family details: (Any additional children, include DOB) | | | |
| | | | |
| Other Agencies / Services involved? Please list: | | | |
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| Brief client background / History and action taken by referring agency: | | | |
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| Reason for referral: | | | |
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| Client goals: | | | |
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