

CADA Crisis Counselling Referral Form

Please note: CADA are unable to accept referrals without client consent provided

Name of referring agency:		
Name of referring employee:		
Phone:		
Email:		
Has the client provided consent to share information?		
Yes □ No □		
Client Details		
Name:	Date of birth:	
Address:	Gender/pronouns:	
	Email address:	
Contact number:		
Is it safe to call ☐ SMS ☐ Leave voice message ☐ If safe to call, what are the safest days/times? Are there	Safe to send email Yes □ No □	
any other communication preferences?	Disability? Yes □ No □	
	If so, details:	
Cultural identity Aboriginal ☐ Torres Strait Islander ☐ South Sea Islander ☐ Born overseas ☐	Interpreter required? Yes □ No □ If so, what language?	

Referring Agency Details

Code: ACCM-FRM-5 Authorised by: Manager	Date ratified/approved: 04/24	Page 1 of 3
Security Classification: Staff Only	Refer to Policy Review Schedule for next	review date

Person Using Violence (PUV)		
Name of PUV:	Date of birth:	
Relationship to client:	Is there a DVO in place? Yes □ No □ If so, known details/conditions:	
Does the PUV reside with the client? Yes \square No \square		
If not, what is their current location?		
	I. D. r. T.	
	's Details	
Child 1	Child 2	
Name:	Name:	
Date of birth:	Date of birth:	
Date of birtin.	Date of birtin.	
Gender:	Gender:	
Child 3	Child 4	
Name:	Name:	
But officials	Para file di	
Date of birth:	Date of birth:	
Gender:	Gender:	
Reason fo	or referral	
For example, crisis counselling, Safety Planning, Safety Up, Support, Therapeutic DFV Counselling/Group work etc.	grades, Children's Counselling, Risk assessment, Court	
Details:		
Details.		

Code: ACCM-FRM-5 Authorised by: Manager	Date ratified/approved: 04/24	Page 2 of 3
Security Classification: Staff Only Refer to Policy Review Schedule for next review date		review date

Summary of domestic violence/identified risk	
If available please also attach the client's current risk assessment and safety plan	
Details:	

Once referral form has been completed in full, please email to crisis@cada.org.au

Please note: CADA receive a large number of referrals and may have wait times for clients to access support. Referrals are prioritised based on identified risk and vulnerabilities of the individual requiring support. Referrals with insufficient detail may be returned to the referrer to request additional information.

We ask that you ensure your client has access to interim support options (examples listed below) while waiting for CADA to make contact.

- DVConnect Womensline (24/7) 1800 811 811 / dvconnect.org/womensline
- 1800-RESPECT (24/7) 1800 737 732 / 1800respect.org.au
- DVConnect Mensline 1800 600 636 / dvconnect.org/mensline
- 13 YARN 13 9276 / 13yarn.org.au
- Parentline 1300 301 300 / parentline.com.au
- Kids Helpline 1800 551 800 / kidshelpline.com.au

Code: ACCM-FRM-5 Authorised by: Manager	Date ratified/approved: 04/24	Page 3 of 3
Security Classification: Staff Only Refer to Policy Review Schedule for next rev		review date