



Referral Form

Moreton Bay Women's Wellbeing Hub services young women and women who require assistance to achieve better health and wellbeing. The range of services offered to achieve social and economic independence and support their ongoing journey from crisis to recovery.

We cover the Moreton Bay region, offering trauma informed counselling, groups, advocacy, information and referral.

Moreton Bay Women's Wellbeing Hub prioritises women who are recovering from experiences of domestic and family violence and other forms of gender-based violence.

Our opening hours are 9 – 5 Monday to Friday excluding public holidays. Our contact number is 5407 0217 and our email is wellbeing@cada.org.au.

Moreton Bay Women's Wellbeing Hub will respond to referrals within 5 working days. During this time an employeewill make contact with the referring agency. They will advise that the referral has been received, ask for any additional information that may be required for assessment purposes and discuss the suitability of the referral.

We accept referrals via phone, email and in person and encourage agencies to contact us regarding potential referrals to ensure suitability.

Referring Agency Details

Date		Employee name	
Organisation			
Contact number		Email	
Clients identified needs for referral			

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Client Contact Details

First name		Last Name		Gender	
DOB		Contact	H:		
			M:		
Address:			Email		

Is it safe to either email, text or phone the client on the numbers provided? Please tick which contacts are safe.

Phone **Text** **Email**
 Yes No Yes No Yes No

Cultural Identity Aboriginal Torres Strait Islander Born overseas: _____
 Prefer not to state

Children's name	Cultural identity	DOB	Gender		

Other relevant information

Does the PUV reside in the home?
 Yes
 No

Are there any current DVO's in place? If so, please provide conditions (if known):
 Yes. Details:
 No
 Unknown

Is the client currently involved with the Department of Child Safety?
 Yes
 No

Is the client currently receiving assistance from any drug and alcohol services?
 Yes

No

Is the client currently with HRT?

Yes

No

Are there any risk factors we should be aware of?

Client verbal consent for referral

Client signature (if available):

Date:

Code: MBWHH-FRM-4a	Authorised by: MBWWH Manager	Date ratified/approved: 04/24	Page 3 of 3
Security Classification: External		Refer to Policy Review Schedule for next review date	