Referral Form

At the Women's Wellbeing Hub, we support women impacted by domestic, family and sexual violence. We take a holistic, trauma informed approach that focuses on the physical, emotional and social aspects of healing.

Our purpose is to offer a safe, inclusive and empowering space where women can recover, connect and feel valued.

Who We Support
We work with women in the Moreton Bay City Council area who are recovering from domestic, family or sexual violence. We work with women after the immediate crisis has passed and they are ready to focus on healing and recovery.

What We Offer
- Brief case support
- Healing and recovery groups
- Trauma informed counselling
- Advocacy, information and referrals

Referrals
We accept referrals by phone, email or in person. Clients can self refer into our program. We endeavour to respond to referrals within five working days and may request extra information to support our assessment.

Contact & Hours
Open Monday to Friday, 9am–5pm (closed public holidays)
Phone: 5407 0217
Email: wellbeing@cada.org.au

REFERRING AGENCY DETAILS

Date		**Worker Name**	
Organisation			
Contact number		**Email**	

Client's identified needs for referral	☐ Groups ☐ Individual Counselling ☐ Brief Case Support (1- 3 sessions) ☐ Recovery and healing from DFV and/or sexual violence ☐ Self esteem and confidence ☐ Boundaries and assertiveness ☐ Relationships and connection ☐ Wellbeing (e.g. sleep, helpful coping strategies) ☐ Future and future focus ☐ Other More information: _____ **Current supports being offered by the referring organisation:** _____ _____ _____ **Other services supporting the client (e.g. psychologist, mental health, health, community services etc.)** ☐ Yes ☐ No **Name of Services:** _____ _____ **Does the client have disabilities they would like us be aware of?** ☐ Yes ☐ No If yes, please provide information: _____ _____ **Is the client supported by a Carer or support person (e.g. NDIS, family member)?** ☐ Yes ☐ No Details: _____ _____

CLIENT CONTACT DETAILS

First name		**Last Name**		**Identified Gender**	
DOB		**Contact Number**			
Address:			**Email**		

Is it safe to phone, leave a message, text or email the client? Please tick which contacts are safe.

Phone	**Leave a Voice Message**	**Text**	**Email**
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Cultural Identity	☐ Aboriginal ☐ Torres Strait Islander ☐ Other Culture of Origin _____ Cultural Identity _____ ☐ Prefer not to state
	Does the client require an interpreter? ☐ Yes - Language/dialect spoken: _____ ☐ No

Children's name/s	**Cultural identity**	**DOB**	**Gender Identity**

Other relevant information

Does the PUV reside in the home?

☐ Yes

☐ No

Current Domestic Violence Order in place? If yes, please provide conditions (if known):

☐ Yes. Details: _____

☐ No

☐ Unknown

Approximate date of the last domestic and/or family violence incident? Please provide details if known:

Current Department of Child Safety involvement for this family?
☐ Yes
☐ No

Is the client currently with High Risk Team?
☐ Yes
☐ No

Are there any safety considerations we should be aware of? (e.g. PUV is about to be released from jail)

Client verbal consent for referral ☐

Client signature (if available):
Date:

Please email completed referral form to wellbeing@cada.org.au