

## Adult Family Violence Counselling and; bRAVe steps (children's counselling and parenting support)

### Referral Form for adults, children, and young people.

#### bRAVe steps (children):

Available from: *Sunshine, Cranbourne and Shepparton centres.*

#### Adult FV Counselling:

Available from: *Kew and Cranbourne centres.*

Completed referral form and any enquiries can be sent to: [enquiriesfvcounselling@rav.org.au](mailto: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:			
Please indicate if this referral is for an adult OR child and site being referred to	<p><b>Adult Family Violence counselling</b> <input type="checkbox"/></p> <p><input type="checkbox"/> Kew <input type="checkbox"/> Cranbourne</p> <p><b>bRAVE steps (Children's FV counselling and/or parenting support)</b> <input type="checkbox"/></p> <p><input type="checkbox"/> Sunshine <input type="checkbox"/> Cranbourne <input type="checkbox"/> Shepparton (availability to be advised)</p>		

**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:			
Brief client background / History and action taken by referring agency:			

Reason for referral:

Client goals: