

**Naala Djookan Healing Centre - Referral Form**

*Naala Djookan Healing Centre recognises the intersection between family and domestic violence and marginalised communities. We welcome women, non-binary and gender diverse individuals from all cultures, backgrounds, and experiences.*

*Note: Naala Djookan is not a crisis service, please refer accordingly.*

Email completed Referral Form **and** any relevant supporting documentation to:   
 **naaladjookanhc@stirling.wa.gov.au**

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| Personal Details PLEASE COMPLETE THIS ENTIRE SECTION | | | | | | | | | | | | | | | | | | | |
| First Name |  | | | | **Last Name** | | | |  | | | | | | | | | | |
| Preferred Name |  | | | | | | | | | | | | | | | | | | |
| Pronouns | She/Her | | They/Them | | | | | | | He/Him | | | | | | | Other | | |
| Gender Identity | Female | | Male | | | | | | | Non-Binary | | | | | | | Prefer not to say | | |
| Do you identify as a member of the LGBTQIA+ community? | Yes | | | | | | No | | | | | | | | | Prefer not to say | | | |
| Date of Birth |  | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | |
| Type of Housing | Public Rental | | | Private Rental | | | | | | | No Fixed Address | | | | | | | Own Home | |
| Other (please specify) | | | | | | | | | | | | | | | | | | |
| Contact | Phone: | | | | | Email: | | | | | | | | | | | | | |
| Safe to Contact | When is it safe to contact (i.e. particular days or times): | | | | | | | | | | | | | | | | | | |
| Via:  Email  Call  Text  Voicemail | | | | | | | | | | | | | | | | | | |
| Emergency Contact | Name: | | | | | Number: | | | | | | | | | | | | | |
| Do you identify as a person with a disability? | Yes. Please provide details below. | | | | | | | | | | No | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Aboriginal and/or Torres Strait Islander | Aboriginal | | | Torres Strait Islander | | | | | | | | | | Both | | | | | Neither |
| Country | | | | | | | | | Language | | | | | | | | | |
| Nationality |  | | | | | Country of Birth | | | | | |  | | | | | | | |
| Languages Spoken |  | | | | | | | | | | | | | | | | | | |
| Interpreter required | Yes | | | | | No | | | | | | | | | Don’t Know | | | | |
| Immigration Status |  | | | | | Year of Arrival | | | | | |  | | | | | | | |
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| Children’s Details (please add additional children at the bottom of the form) | | | | | | | | | |
| Name | | | **Date of Birth** | | **Gender** | | | | |
|  | | |  | | Female | | | Male | Non-Binary |
|  | | |  | | Female | | | Male | Non-Binary |
|  | | |  | | Female | | | Male | Non-Binary |
|  | | |  | | Female | | | Male | Non-Binary |
|  | | |  | | Female | | | Male | Non-Binary |
|  | | | | | | | | | |
| Support Needs | | | | | | | | | |
| Do you require any of the following practical support services?  *If yes, please detail your specific needs below and an advocate will make contact to book an initial appointment.* | Financial Counselling  Legal Advice and Support  Safety Planning and Risk Assessment  Healing Workshops  Family and Domestic Violence Advocacy | | | Other (please specify) | | | | | |
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| Safety | | | | | | | | | |
| Alleged Perpetrator/s:  (Please add additional names in form below) | | Name: | | | | DOB: | | | |
| Relationship to you: | | | | | | | |
| Name: | | | | DOB: | | | |
| Relationship to you: | | | | | | | |
| Name: | | | | | DOB: | | |
| Relationship to you: | | | | | | | |
| Is there a Family Violence Restraining Order (FVRO) in place? | | Final  Interim  No FVRO  Other  Please Specify: | | | | | | | |
| Has a Common Risk Assessment & Risk Management been completed in the past 3 months? | | Yes  No  ***If yes, please send with referral.*** | | | | | | | |
| Are you worried about your safety / the safety of your children? | | Not Afraid  Afraid  Terrified  Unsure | | | | | | | |

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| Current Support Services | | | | |
| Service Name | | **Support Role** | | |
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| Please summarise your concerns and support needs  *Information provided in this section is used to assess the referral and match the clients needs to the services provided at Naala Djookan Healing Centre. Please provide as much information as appropriate*. | | | | |
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| Referrer’s Details | | | | |
| Has this client agreed to this referral? | Yes | | No | Date: |
| Name |  | | | |
| Organisation |  | | | |
| Contact Number |  | | | |
| Email |  | | | |
| Date of referral |  | | | |