



# DE MARILLAC PATHWAYS REFERRAL FORM

**Referral Date:** (before referring please read section 3 for eligibility requirements)

**Please email completed form:** dmp@svdpqld.org.au

Has consent for this referral been obtained from client / clients? **YES**  **NO**  (If no please obtain prior to referral)

SECTION 1 – REFERRING PARTY DETAILS		
<b>Referrers Details</b>		<b>Contact Details</b>
Organisation Name:		Address:
Contact Person:	Suburb	State:
Phone:	Email:	
SECTION 2 - CLIENT BEING REFERRED		
Name:		Preferred name:
D.O.B:	Country of birth:	Visa Y/N Permanent Resident Y/N
Does Client identify as: (please circle)		
Aboriginal	Torres Strait Islander	CALD
Other (please state):	Preferred language:	Interpreter required: Y N
Does the client possess at least one of the following identification documents ( <i>clients will be required to present at least one during the initial interview to be eligible</i> ):		
Drivers Licence <input type="checkbox"/> Learner Licence <input type="checkbox"/> 18+ Card <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Citizenship Medicare <input type="checkbox"/> Bank statement <input type="checkbox"/> Centrelink Letter <input type="checkbox"/> Other <input type="checkbox"/>		
Does client have any special requirements e.g wheelchair access, difficulty managing stairs, deaf service and if so, please state the applicable requirements.		
Client contact details and information:		
Current Address/Location:		
Phone/Mobile:	Email:	
SECTION 3 - ELIGIBILITY CRITERIA		
<b>Has supporting evidence been attained for this referral and is it attached? YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> (For referrals external to SVDP, one of the following documents must be provided)		
A domestic and family violence protection order <input type="checkbox"/> A temporary protection order <input type="checkbox"/> A voluntary intervention order <input type="checkbox"/> A police protection notice <input type="checkbox"/> A record of court proceedings <input type="checkbox"/> A statutory declaration from the individual outlining the circumstances of DFV and how this has impacted their ability to find employment <input type="checkbox"/>	A letter of record of session from an approved support service <input type="checkbox"/> A letter from a legal practitioner who has been consulted in relation to legal issues arising from domestic or family violence <input type="checkbox"/> A letter from a women’s refuge or other specialist <input type="checkbox"/> A letter from referring organisation outlining the impact DFV has had on ability to find employment <input type="checkbox"/>	
<b>Reason for referral and any relevant history (if there is not sufficient space please attach additional page)</b>		
_____ _____ _____		
Housing Situation – Describe current living situation (for example couch surfing, homeless, shelter)		
_____ _____ _____		



**What are the ongoing support needs for the client? (if any)**

**Identified Support Issues / Needs: Please circle or add any other relevant information.**

Poor education and or qualifications Young person (16-25) Subject to Youth Justice orders Subject to Child Safety orders Pregnant and/or parenting Significant financial distress Disconnected from peers/community Family Violence	Homelessness or risk of homelessness Substance misuse issues Poor or no rental history Medical health issues Unemployment/underemployment Poor social or living skills Carer responsibilities Disability Family breakdown School related issues Mental health issues Poor literacy/ numeracy skills	Or list others below:
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**Risk Factors to be considered:**

**Safety Issues: provide details of any safety risks identified in relation to household that may impact employment sustainability.**

**Are there any potential safety risks to the worker to be considered?**

**Is client currently linked with a employment services provider: If yes please provide provider name and location and or a contact number.**

Job Active   
 Transition to Work   
 NDIS Provider

PLEASE EMAIL COMPLETED FORM TO: [dmp@svdpqld.org.au](mailto:dmp@svdpqld.org.au)

**OFFICE USE ONLY**

Has identification been provided and sighted (as per section 2): YES  NO

Referral Status: Accepted  Declined  Client Referred to:

Name of approver: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Signature: \_\_\_\_\_