**External Service referral form**

*Please use this referral form if you are directly referring someone to the Hunter Women’s Centre for Counselling support.*

*Once completed please email to* [*admin@hwc.org.au*](mailto:admin@hwc.org.au)

*If you need more information about the referral process please contact us on (02) 4968 2511.*

**Date of the Referral:** Click here to enter text.

**DETAILS OF REFERRING SERVICE**

|  |  |
| --- | --- |
| **Organisation Name** | Click here to enter text. |
| **Referring workers Name** | Click here to enter text. |
| **Referring workers role** | Click here to enter text. |
| **Contact details of the worker** | **Phone:** Click here to enter text. **Mobile**: Click here to enter text. **Email:**  Click here to enter text.  **What is the best day and contact to reach you on?** Click here to enter text. |
| **Is the support from your service current?** | NoYes  **If yes, describe the support provided**: Click here to enter text. |
| **Has the person you are referring given consent to do so?** | No  Yes |

**Hunter Women’s Centre has 3 locations for counselling. Pleased indicate if there is a preference for Location and if the person can also come to Mayfield if the outreach is full**

Mayfield (Monday – Friday)  Raymond Terrace outreach (f/n Thursdays)

Edgeworth outreach (f/n Thursdays)

*Once we have received this referral our Intake person will make contact with the person being referred. Please be aware that HWC is not a crisis response service or a case management service and as such we try to be as responsive as service demand allows. HWC can often have lengthy wait times due to demand. Please feel free to enquire if you want more information about the wait times before completing this referral by calling (02) 4968 2511*

**IMPORTANT**

**Before completing this referral please know if it is SAFE to leave a message on the person’s phone or email contacts. If it is not safe to leave messages do not continue and contact us directly.**

**DETAILS OF PERSON TO BE REFERRED**

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **DOB** | Click here to enter text. **Age :** Click here to enter text. |
| **Address** | Click here to enter text. **Suburb:** Click here to enter text.  **Postcode:** Click here to enter text. |
| **Contacts** | **Phone:** Click here to enter text.Safe to leave msg:  No  Yes  **Email:** Click here to enter text. Safe to leave msg:  No  Yes |
| **What is the Persons Relationship Status?** | Single  Married  partnered  Divorced  Separated |
| **Is the person experiencing current or past DV/Coercive control?** | No  Yes  *If yes*  Current  Past  *Please provide Details*: Click here to enter text. |
| **Are there any current or pending AVO’s in place?** | No  yes  *If yes provide details*: Click here to enter text. |
| **Are there any safety concerns for the person?** | No  Yes  If yes provide details: Click here to enter text. |
| **Does the person have children?** | No  Yes  *If yes, ages of children*: Click here to enter text.  **Please note**: *HWC does not have child care or childminding availability and HWC recommends that children should not attend appointments with the parent/carer.* |
| **Do the children live with them?** | Yes  No *If no, who do the children live with*? Click here to enter text. |
| **Are there any family court or mediation orders?** | Not known  No  Yes  *If yes details*: Click here to enter text. |
| **Are there any current child protection orders or involvement?** | No known  No  Yes  *If yes Details:* Click here to enter text. |
| **Does the person being referred require an interpreter?** | No  Yes  *If yes what language/dialect is spoken?* : Click here to enter text. |
| **Doe the person speak or read English?** | No  Yes *If yes, how well?* Click here to enter text. |
| **What is the persons VISA status?** | Details of VISA status: Click here to enter text. |
| **Does the person have a known Mental Health diagnosis/symptoms?** | Not known  No  yes  If yes details: Click here to enter text. |
| **Does the person have a known disability?** | Not known  No  Yes  If yes details: Click here to enter text. |
| **Does the person have any known drug or alcohol use that causes them concern?** | Not known  No  yes  If yes details: Click here to enter text. |
| **Does the person currently have additional supports from other services?** *(include if they are seeing a counselling or Psychologist* | Not known  No  Yes  *If yes details*: Click here to enter text. |

|  |
| --- |
| **Why is this referral being made?**  *Please give a brief description of why this referral is being made and tick any box below that also relates to situation* |

**Description:** Click here to enter text.