NSW GOVERNMENT | Communities & Justice

Justice Support Centre | BANKSTOWN DOMESTIC VIOLENCE SERVICE

# Bankstown Domestic Violence Service (BDVS) Referral

**Servicing the Bankstown LGA**

*Please contact BDVS for clarification on referral eligibility if required.*

Ph: 9790 1380

Email: BDVS@jsc.org.au

| **Eligibility Criteria – MANDATORY QUESTIONS** | |
|---|---|
| **Did the client consent to the referral?** | ☐ Yes ☐ *No. (If no, referral cannot be accepted?)* |
| **Is there a current ADVO:** | ☐ Yes ☐ No (If yes, please provide a copy) |
| **ADVO conditions:** | ☐ 1abc ☐ 2 ☐ 3abc ☐ 4 ☐ 5 ☐ 6abcd ☐ 7ab ☐ 8abc☐ 9abc _____Metres ☐ 10 ☐ 11<br>☐ Provisional ☐ Interim ☐ Final |
| **DVSAT:** | **Score**: __________ *(please provide a copy)*<br>**Serious Threat** ☐ Yes ☐ No (**If yes, referral to local SAM must have been made)** |
| **Referred to SAM**: | ☐ Yes – Date:<br>☐ Location:<br>☐ No |

| **Referred by** | | | |
|---|---|---|---|
| **Referring Agency:** | | **Referral Date:** | |
| **Referrer Name:** | | **Phone:** | |
| **Email:** | | | |

| **Client details** | | | |
|---|---|---|---|
| **Name:** | | **DOB:** | |
| **Residential address:** | | **Does the perpetrator reside at this address?** ☐ Yes ☐ No | |
| **Phone:** | | **Safe to call & leave voice or text messages?** ☐ Yes ☐ No<br>**If safe to contact only at set times, please specify:** | |
| **Email:** | | **Safe to email?** ☐ Yes ☐ No | |
| **ATSI** | ☐ Yes ☐ No ☐ Not Stated | | |
| **Country of birth:** | | **Year of arrival in Australia:** | |

| **Migrant/VISA status:** | |
|---|---|
| **Language/dialect:**<br><br>**Proficiency in spoken English:**<br><br>**Interpreter required:** | ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Don't know<br><br>☐ Yes ☐ No |
| **Disability/Health/Mental Health issues:** | ☐ Yes ☐ No *If yes, please describe*: |
| **AOD issues:** | ☐ Yes ☐ No *If yes, please describe*: |
| **Gender Identity:** | ☐ Male ☐ Female ☐ non-binary ☐ Prefer not to say ☐ Don't know |
| **Sexual orientation:** | ☐ Straight ☐ Lesbian ☐ Gay ☐ Bi ☐ Queer ☐ Other ☐ Prefer not to say ☐ Don't know |
| **Marital/partnership status:** | ☐ Married ☐ De-Facto ☐ Divorced ☐ Single ☐ Separated ☐ Other<br>Length of Relationship: |

| **Other details** | | | |
|---|---|---|---|
| **Household tenure:**<br>☐ Rental ☐ Mortgage<br>☐ Homeless ☐ Family<br>☐ Other (Please specify): | **Household composition** (List any other adult members of the household):<br>Name: Relationship: | | |
| **Child Name** | **Age and Date of Birth** | **In mother's care** | **Disability, cognition, or impairment (Inc. mental health)** *Please specify* |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| | | ☐ Yes ☐ No | |
| **Is the person being referred pregnant:** | ☐ Yes ☐ No | **Are DCJ involved:** | ☐ Yes ☐ No |

| **Perpetrator Details** | | | |
|---|---|---|---|
| **Name:** | | **Date of Birth:** | |
| **ATSI**<br>☐ Yes ☐ No | **Is this Person known by any other name:**<br>*If yes, please provide details:* | ☐ Yes ☐ No | |

| **Current location/address (eg.residential/custody):** | |
|---|---|
| **Upcoming court matters (local, family, criminal and civil):** | |
| **Presenting issues** *E.G. mental health, AOD* | |
| **Warnings/ safety concerns** *E.G. access to weapons, wanted by Police, OMCG member* | |

| Additional Information |
|---|
| **Does the client have any concern for their safety and the children's safety:** ☐ Yes ☐ No ☐ Not Stated<br>*If yes, please describe*: |
| **Does the person being referred want to remain in their home:** ☐ Yes ☐ No |

| OTHER SUPPORTS | |
|---|---|
| **Are there any other services or agencies involved with the client?** | *Please specify:* |

| Reason for referral / background of DV history |
|---|
| ***PLEASE NOTE: If not enough information is provided, the referral may be considered ineligible. This will also avoid the client from having to retell their story. Please include all known current risks and support needs.*** |

| Identified needs: |
|---|
| *Please explain the case management supports required:* |

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DARUG & EORA COUNTRY

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