



REFERRAL FORM

Family Safety Framework

Safety is Everyone's Right

URGENT – CONFIDENTIAL

ATTENTION:

(FSF Region):

NT Police Telephone: **Date:**

VICTIM DETAILS

VICTIM Name: **Date of Birth:**

Address of VICTIM:

State if victim known by any other name or DOB where possible:

VICTIM Other Name: **Date of Birth:**

Please include any cross border knowledge (other States/Territories frequented):

OFFENDER DETAILS

OFFENDER Name: **Date of Birth:**

State Relationship to Victim:

AND if Offender is known by any Other Name or DOB where possible:

OFFENDER Other Name: **Date of Birth:**

Address of OFFENDER:

Please include any cross border knowledge (other States/Territories frequented):

CHILDREN DETAILS

State victim / offender relationship to each child and if children known by any other names or DOB's where possible:

Child Name	Child D.O.B.	Alternate names/spelling and D.O.B	Relationship to Victim	Relationship to Offender
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Victim Pregnant: Yes No **If Yes, gestation period in weeks:**

Pre-natal Care Provider (If known):

Risk Assessment Score:

ATTACH COMPLETED RAF

(Provide details below about how RAF questions were answered):

Reasons for Referral:

Background and Risk issues:

ADDITIONAL RISK INDICATORS - ABORIGINAL COMMUNITIES

In this section please also document the following risk indicators if currently impacting on the safety of victim/s:

- Is there family feuding?
- Is there wrong skin relationship?
- Is there pay back violence / issues?
- Is there possessive, controlling behaviour and 'jealousing'?
- Is the victim being prevented from participating in cultural ceremony?
- Is the victim worried about the offender's imminent release from prison?
- Has the victim been deprived of their liberty/held against their will, possibly in an isolated location?
- Has the offender used weapons such as rocks, nulla nullas, fire sticks, digging sticks, clubs or metal bars in the recent incident?
- Does the victim live on a homeland – ie isolated location?
- Is the victim living with the offender's family – not on her country?

Is the person aware of the FSM Yes No

Has consent been given for the referral? Yes No

If Not, Why Not?

Referring Worker Name

Agency

Contact Details

Telephone

Mobile

Email/fax

Address

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