PLEASE COMPLETE **ALL** SECTIONS OF REFERRAL FORM

**Email:** vapintake@dpvhealth.org.au **Phone:** 03 7035 9721

**Who we Support?**

* Victims of crime
* Witnesses of a crime
* An affected family member of victim of crime

**What we offer****:**

Person led practical support aimed at meeting immediate needs such as emergency home security, information relating to legal and justice processes, support with criminal justice tasks such preparation of Victim Impact Statements and referrals to appropriate agencies to address the emotional impacts of trauma.

**Where:** Banyule, Darebin, Merri-Bek, City of Hume, Yarra, Nillumbik, Whittlesea Local Government Areas

***We aim to listen to you, inform and empower you towards your recovery.***

Section A

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| **Victim Details** |
| Given Name: Family Name: |
| Date of Birth: |
| Address:  |
| Mobile No: |
| Safe to leave a message? [ ]  **Yes** [ ]  **No** Safe to leave voicemail? [ ]  **Yes** [ ]  **No**  |
| Email address: |
| Number of dependents? |
| **Demographic Details** |
| Aboriginal or Torres Strait Islander: [ ]  **Yes** [ ]  **No** |
| Country of Birth: |
| Ethnicity:  |
| Disability: [ ]  **Yes** [ ]  **No** |
| Interpreter Required? [ ]  **Yes** [ ]  **No** |
| Preferred language :  |
| Gender Identity: |

**Section B**

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| **Crime Details** |
| Date of Incident: Is it related to Family Violence?: [ ]  **Yes** [ ]  **No** |
| Date reported to police (*if known*): |
| Police station incident reported to: |
| Phone number of Police station: |
| Did the crime occur in Victoria: [ ]  **Yes** [ ]  **No** |
| Young people (*under 18 yrs*) present at the incident: [ ]  **Yes** [ ]  **No** |
| Court date (*if any*) : |
| Crime details (*Please provide a brief overview of what happened to the victim*)***Specific Information, Alerts and Additional Comments Regarding Referral:*** |

**Section C**

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| **Referrer’s Details** |
| Date of referral: |
| Name of referrer: |
| Role: |
| Program: |
| Phone number: |
| Email: |
| Does the client consent to you sharing this information and being contacted by DPV Healthcare VAP? [ ]  **Yes** [ ]  **No** |

**PLEASE NOTE**: Victim Assistance Program is committed to ensuring clients are linked in with right services surrounding their catchment area. Should you make a referral to DPV Healthcare, and it is deemed more appropriate to refer the client to a different Victim Assistance Program agency, DPV will make all efforts to communicate with client to advise them of need to change prior to transferring the case.