

# DOMESTIC AND FAMILY VIOLENCE – RESPONSIBLE MEN PROGRAM

## External Agency Referral Form

If you have any questions or need assistance with this referral, please contact us or refer to our website [www.menandcoservices.org.au](http://www.menandcoservices.org.au) for more information.

Referring Agency:

Name of Referrer:

Phone/Email for Referrer:

Client has been advised of this referral in person on (Date):

Consent for ongoing release of information attached with referral:  
Yes                  No                  Not applicable

Reason for Referral:

## Client Details

Full name:

Date of Birth:

Pronouns:

Address:

Phone:

Email:

Does the client identify as:

Aboriginal

Torres Strait Islander

Both

N/A

Cultural background:

Accessibility Needs:

Yes - Please provide details:

Current employment (if known):

Interpreter required?

No

Yes – Language:

## AGGRIEVED DETAILS (Most Recent)

If there are multiple aggrieved parties, please provide details in the following pages. Please also attached any relevant information or documents to the back of this referral.

Full Name:

Date of Birth:

Pronouns:

Relationship to the Client:

Address (if known):

Living with Client?      Yes                  No                  Unsure

Children in the Home?    Yes                  No

Phone:

Email:

Interpreter required?      No                  Yes – Language:

## Children's Details

Name	Gender (M/F/NB/X)	Date of Birth (DD/MM/YYYY)	Bio/Step (Father)	Bio/Step (Mother)

Is the aggrieved currently pregnant?      Yes                  No

Additional accommodation details:

## AGGRIEVED DETAILS (additional only if applicable)

If there are multiple aggrieved parties, please provide details in the following pages. Please also attached any relevant information or documents to the back of this referral.

Full Name:

Date of Birth:

Pronouns:

Relationship to the Client:

Address (if known):

Living with Client?      Yes                  No                  Unsure

Children in the Home?    Yes                  No

Phone:

Email:

Interpreter required?      No                  Yes – Language:

## Children's Details

Name	Gender (M/F/NB/X)	Date of Birth (DD/MM/YYYY)	Bio/Step (Father)	Bio/Step (Mother)

Is the aggrieved currently pregnant?      Yes                  No

Additional accommodation details:

## AGGRIEVED DETAILS (additional only if applicable)

If there are multiple aggrieved parties, please provide details in the following pages. Please also attached any relevant information or documents to the back of this referral.

Full Name:

Date of Birth:

Pronouns:

Relationship to the Client:

Address (if known):

Living with Client?      Yes                  No                  Unsure

Children in the Home?    Yes                  No

Phone:

Email:

Interpreter required?      No                  Yes – Language:

## Children's Details

Name	Gender (M/F/NB/X)	Date of Birth (DD/MM/YYYY)	Bio/Step (Father)	Bio/Step (Mother)

Is the aggrieved currently pregnant?      Yes                  No

Additional accommodation details:

## Legal Orders

Current Intervention Order?  
Unsure No

Yes – **Please attach a copy.**

Current Protection Order?  
Unsure No

Yes – **If yes, the document MUST be attached**

Details of order conditions:

Current court proceedings for DVO?  
No Yes – Next court date:

Mention Hearing

Current cross-orders?  
No  
Yes – Details:

Breaches of DVO?  
No  
Yes – Details:

Previous DVO/s?  
No  
Yes – Details:

Probation/Parole/Bail order?  
No  
Yes – if possible please attach copy and list expiry date:

## Legal Orders (cont.)

Family Law Court orders/proceedings?

Unsure

No

Yes – Please attach order if able or list details:

Current Child Safety Involvement?

Unsure

No

Yes – Details:

Contact with children has conditions set by Child Safety?

Unsure

No

Yes - If yes, Please attach Restriction of Contact letter/Directive Order if possible or list details:

Details of any other relevant criminal charges/history/use of weapons etc:

## Intersections

Please note: the purpose of the information gathered below is to identify any support needs for group work, factors that may impact attendance/assessment, risk and compounding factors that intersect with his use of violence. If you are unsure, please call and ask for assistance from Men and Co Services staff to complete this section.

	Identified as a factor (please provide details)	Unsure if a Factor (please provide details)	Not Identified as a Factor
Mental Health Symptoms			
Mental Health Diagnosis			
Mental Health Order/ Treatment			
Use of Drugs/Alcohol			
Rehabilitation for Use of Drugs/Alcohol			
Physical Health/ Illness/Injury			
Employment/ Changes to Finances			
Criminal Affiliations			
Homelessness or Risk to Tenancy			

Other relevant factors:

## Referrer's Risk Assessment Summary

Please note that an assessment of risk and suitability will be completed by a Responsible Men Facilitator at Men and Co Services. All relevant high-risk factors, escalation points and concerns by referrer should be noted to inform this assessment below (for a list of factors considered to be high-risk, please refer to the [QLD Common Risk and Safety Framework Tool](#) to inform your summary):



Please ensure you have attached a copy of the following documents or advise the client to send these to Men and Co Services directly, as we are unable to offer an assessment appointment without these documents:

- Current Protection Order or TPO and
- Application for Protection Order or PPN Statement.

By signing/printing your name below, you acknowledge that the information provided is true and accurate to the best of your knowledge (electronic signatures will be accepted).

Signature/print name:

Date:

**Please send completed referral and attachment to [enquires@menandcoservices.org.au](mailto:enquires@menandcoservices.org.au)**

Thank you for completing this referral for the Responsible Men behaviour change program on behalf of your client. Please note that if the client referred via this form is not contactable within three weeks of receiving this form including attachments, the referral will not be actioned at this time. It is important to advise us of up-to-date contact information so that we can progress this referral as soon as possible, so please advise if there is a change in circumstances.

Until we can book an assessment with your client, please consider encouraging him to access the following resources if it is safe to do so:

Do they need to talk with someone right now? DVConnect Mensline on **1800 600 636** is available between 9 am and midnight to talk over his situation and provide information on nearby services. Men's Referral Service is also available on **1300 766 491** and has a live chat option at <https://ntv.org.au/get-help/> for support around men wanting to change their behaviour or understand their situation.

Does he have questions about behaviour change groups? An overview of what to expect in Queensland Mens Behaviour Change Programs: <https://speaq.org.au/seeking-help/mens-behaviour-change-programs-what-to-expect/>

Does he want to start learning straightaway? Although not connected with our content, some men find it helpful to begin three online modules to start considering their behaviour (please note: this does not count towards completion of the program and should not be provided if risk is escalated – this is learning tool and does not reduce risk): <https://www.betterman.org.au/>

Does he want to start looking at free resources and increasing safety? Although not connected with our content, <https://www.menssafetyproject.com/> has a number of videos of men who chose to increase safety, free resources on domestic and family violence and respectful relationships (please note: this does not count towards completion of the program and should not be provided if risk is escalated – this is learning tool and does not reduce risk).