

Townsville Women’s Health and Wellbeing Service

Referral Form

The Townsville Women’s Health and Wellbeing Service is available to women over 16 who are recovering from experiences of domestic and family violence and other forms of gender-based violence.

The service provides trauma-informed counselling, coaching, group programs and case management support to meet the ongoing needs of women who require assistance to achieve better health and wellbeing through outreach and in-house programs. This service is free and available to women living in Townsville and the surrounding district.

This form is confidential and the client being referred must agree that the details included on this referral form are accurate (please see ‘consent to share’ section on the next page).

Once completed, email this form to whws@neaminational.org.au

# Referrer Details

Referrer Name

Agency

Role

Phone       Fax

Email

# Client Details

Full Name       Preferred Name

DOB       Main language

Country of Birth

Street Address

No fixed address [ ]  Email Address

Phone       Mobile

Preferred contact [ ]  Phone -Safe to Leave a voicemail [ ]  Email [ ]  SMS

Best Contact Daytime

## Indigenous Status

Aboriginal but not Torres Strait Islander origin [ ]  Torres Strait Islander but not Aboriginal origin [ ]

Both Aboriginal and Torres Strait Islander origin [ ]  South Sea Islander origin [ ]

Neither Aboriginal nor Torres Strait Islander [ ]  Not stated/inadequately described [ ]

# Referral information

Reason for referral:

What type of support and assistance is being sought?

Do you have any concerns for the safety of this client or her children? Yes [ ]  No [ ]

If yes, please note any action taken:

# Consent to share information

The Privacy Act requires the applicant to sign this form giving their consent for the release of their information and details.

[ ]  I give consent for my details and information to be shared with Neami National.

[ ]  I give consent for Neami National to keep a record of my referral and to contact the person or agency referring to update any information and to participate in future treatment planning.

Client Signature Date

## Verbal client consent

What happens now:

After the Townsville Women’s Health & Wellbeing Service team receive your referral, they’ll be in contact with the client being referred within two business days.

Contact

Townsville Women’s Health & Wellbeing Service

Phone: 07 4766 8415

Email: whws@neaminational.org.au

*Verbal consent should only be used where it is not practicable to obtain written consent.*

[ ]  I have discussed the proposed referral with the client. I am satisfied that the client understands the proposed uses and disclosures and has provided their informed consent to these.

Referrer Signature