



**YWCA  
CANBERRA**

DOMESTIC VIOLENCE  
SUPPORT SERVICES

## YWCA Canberra DVSS Referral Form

**YWCA Domestic Violence Support Service** is an early intervention service that provides outreach support to women and their families who are affected by domestic and family violence. To be eligible for service they must have current and ongoing safety concerns.

Please email referrals to [respect@ywca-canberra.org.au](mailto:respect@ywca-canberra.org.au). Please allow up to 5 business days to respond to your referral. You can get in touch with our team by calling **02 6185 2000** or emailing [respect@ywca-canberra.org.au](mailto:respect@ywca-canberra.org.au)

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Referrer name: \_\_\_\_\_

Referrer role/service: \_\_\_\_\_

Client name: \_\_\_\_\_

Pronouns: \_\_\_\_\_ Client DOB: \_\_\_\_\_ Do you identify as: ☐ TSI ☐ Aboriginal ☐ Both

Client contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Safe to contact? ☐ Yes ☐ No

Preferred method of contact: ☐ Phone ☐ Email Time/Day to contact: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Interpreter required? ☐ Yes ☐ No

Address: \_\_\_\_\_

Do you have any disability/needs that we should be aware of when providing support? \_\_\_\_\_

Person Using Violence Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Location (Town/Suburb): \_\_\_\_\_

Children's details (if applicable): \_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

Overview of Domestic Violence experienced by client: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Violence/risk indicators if known: \_\_\_\_\_

\_\_\_\_\_

Current status of relationship: ☐ Still living with person using violence  
☐ Separated from person using violence however there are safety concerns present

Any family violence orders placed? ☐ Yes ☐ No (if yes, please provide date issued): \_\_\_\_\_

Other agencies supporting client: \_\_\_\_\_

Support requested (hopes/ intentions): \_\_\_\_\_

\_\_\_\_\_

Client is aware of referral and consents to contact from YWCA Canberra Domestic Violence Support Service: ☐ Yes ☐ No

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