|  |  |  |
| --- | --- | --- |
| Policy Facilitator: Operations Manager  Authorised by: General Manager | Issue Date: November 2013  Actioned: 2019  Next Review Date: 2022 | Version 3 |

**Aviva Group Referral Form Term: \_\_\_\_\_\_\_\_\_\_\_\_\_**

***To be filled by the group coordinator***

Confirmed for attending group ⃝ Yes ⃝ No

If no, to be considered for group for term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Workers Name** |  | **Registration Date** |  |

**Client Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  | | | **Gender** |  | |
| **Date of Birth** |  | | | **Age** |  | |
| **Address** |  | | | | | |
| **Ethnicity (iwi)** |  | | | **Country of Birth** |  | |
| **Phone** |  | | | **Email** |  | |
| **Are we able to leave a message** | | **Yes 🞏** | **No 🞏** | **Comment:** | | |
| **Work Status/Benefit** |  | | | | | |
| **Person Responsible for Harm** |  | | | **Length of Relationship** | |  |

**Children information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | Ethnicity | Age | DOB | M / F | Who do they live with? | Orders |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Orders** *(already in place)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Protection Order** | **Yes 🞏** | **No 🞏** | **With Notice 🞏** | **Without Notice 🞏** |
| **Breached** | **Yes 🞏** | **No 🞏** | **Date of Breach** |  |
| **Respondent’s Name** |  | | **Date of Birth** |  |
| **Parenting Order** | **Yes 🞏** | **No 🞏** | **Respondents Name** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | Current Safety issues:  Health:  Cultural needs: | |  |  |
|  |  |  |

*P.T.O*

**Women’s Group Assessment Form**

*(To be filled by the client’s FSW)*

1. **When did the abuse start happening?**

|  |
| --- |
|  |

1. **What types of abuse has the client experienced?**

|  |
| --- |
|  |

1. **Is the client out of the relationship? If yes, how long have they been out of the relationship?**

|  |
| --- |
|  |

1. **Is this the client’s first abusive relationship?**

|  |
| --- |
|  |

1. **Has childcare been arranged to allow the client to come to attend the group? (If the client has children)**

|  |
| --- |
|  |

1. **Has the client got transportation sorted to come to the group?**

|  |
| --- |
|  |

1. **Other comments**

|  |
| --- |
|  |

---------x---------