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| **CS-F-04 Aviva External Referral for Adults Experiencing Family Violence** |

*Please note the primary criteria for this referral is that the person referred is an adult (18+) experiencing family violence as defined by the Family Violence Act. If your referral is for an adult (18+) using/at-risk of using violence, please fill our ReachOut referral form. For referring children (5-12years) exposed to/witnessing family violence, please fill our Tamariki referral form. For referring youth (13-17years) who are experiencing/using/at-risk of using violence, please fill our Rangatahi referral form. If your referral is for long term whānau support, please complete the Whānau Resilience referral form.*

***FIELDS MARKED with (\*) ARE MANDATORY TO BE FILLED******and******EMAIL THIS REFERRAL TO*** **referral@aviva.org.nz**

**Source of Referral:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***\****Organisation: |       | ***\****Date of Referral: |       |
| ***\****Referrer Name: |       | ***\****Referrer’s Contact Details: |       |

|  |  |  |
| --- | --- | --- |
| ***\**Has the client consented to the referral?** | Yes |[ ]  No |[ ]

**Consent and Confidentiality**

You have the right to privacy in accordance with the Privacy Act 2020. There may be occasions when it is necessary to contact agencies such as Police, Oranga Tamariki, a mental health provider or other social service to ensure your safety or that of someone else. However, where it is considered not in your interests to discuss it because of your own, or someone else’s safety, we will make appropriate referrals without your knowledge.

|  |  |  |
| --- | --- | --- |
| ***\**Service requested for:** | Group Programme: [ ]  | Individual Programme: [ ]  |

***\**Reason for Referral *(please give details around family violence experience and concerns, potential support needed from Aviva)*:**

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|       |

**Client Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***\**Full Name:** |       | ***\**Other Known Name/s:** |       |
| ***\**Gender:** |       | ***\**Pronoun:** |       |
| ***\**Date of Birth:** |       | ***\**Age:** |       |
| ***\**Ethnicity (iwi):** |       | ***\**Country of Birth:** |       |
| ***\**Address:** |       |
| ***\**Phone number:** |       | **Email:** |       |
| ***\**Is it safe to leave message?**  | Yes [ ]  | If yes,  | Text: [ ]  | Preferred time to call:  |       |
|  | No [ ]  | Voicemail: [ ]  | Preferred method of Contact: | Choose an item. |

**Details of the User of Violence:**

|  |  |
| --- | --- |
| ***\**Name of the User of Violence:** |       |
| ***\**Relationship with the Client:** |       | **Length of Relationship:** |       |
|  |  | ***\**When separated:** |       |
| *\****Are there other associates who pose risk to the client?** |       |
| ***\**Has the client engaged with Women’s Refuge or Aviva previously?** | Yes [ ]  | If yes, please specify which service:       |
| No [ ]  |

***\**Children Information (under 18):**

|  |  |  |
| --- | --- | --- |
| Does the client have any Children (under 18)? | **Yes** |[ ]  **No** |[ ]
| **Name** | **Date of Birth** | **Gender** | **Residing with** | **Orders in place** |
|       |       |       |       |       |
|       |       |       |       |       |
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***\**Orders:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Protection Order:**  | Yes  |[ ]  No |[ ]  Support needed to apply |[ ]
| **Parenting Order:** | Yes  |[ ]  No |[ ]  Support needed to apply |[ ]
| ***\**Current Parenting Plan?** *(Please provide information on custody/access arrangements for the tamariki. Please also note if there is contact with the other caregiver)* |
|       |

***\**Family Harm experienced:**

|  |  |  |
| --- | --- | --- |
| Physical |[ ]  Sexual |[ ]  Strangulation/Attempted |[ ]
| Intimidation/Threats |[ ]  Emotional |[ ]  Weapons used |[ ]
| Harassment |[ ]  Isolation |[ ]  Verbal |[ ]
| Social |[ ]  Spiritual |[ ]  Medical treatment denied |[ ]
| Firearms used |[ ]  Psychological |[ ]  Financial |[ ]
| Gang association |[ ]  Cyber  |[ ]  Stalking |[ ]
| Pets/Animals |[ ]  Cultural |[ ]  Others:       |[ ]

***\**Support needed for Client:**

|  |  |  |
| --- | --- | --- |
| Safety Planning |[ ]  Work and Income Advocacy |[ ]  Housing Advocacy |[ ]
| Security Upgrades/Alarms |[ ]  Education programme |[ ]  Others:       |[ ]

***\**Current Safety Issues:**

|  |
| --- |
|       |

***\**Supports in place: *(please indicate other services/agencies involved or referred to, personal supports, cultural supports)***

|  |  |  |
| --- | --- | --- |
| **Support Person’s Name** | **Support Person’s Contact no.** | **Service Name/Relationship** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

|  |  |  |
| --- | --- | --- |
| ***\**Any risks for Staff to consider:** | Yes |[ ]  If yes, please specify:       |
|  | No |[ ]   |