



Islah Circle Referral Form

This referral form is for organisations making a referral for a man to participate in the *Islah Circle Mens Behaviour Change Program*. Once completed, please send it to info@missionofhope.org.au

Details of the Client

Name:

Date of birth (dd/mm/yyyy):

Gender:

Address:

Mobile:

Emergency Contact Details

Name:

Phone:

Email:

Consent to Referral

Have you explained to the client that their information will be shared for contact purposes if a referral is made?

☐

Yes



Continue with referral

☐

No



Please discuss with client before proceeding

Has the client provided consent to the referral?

☐

Yes



Continue with referral

☐

No



Do not proceed with the referral unless the client has provided consent

If the client provides consent to the referral, they will be contacted by support service. Please include details that will ensure contact is successful.

Home:

Work:

Mobile:

Contact Instructions (e.g. preferred number, safe time to contact, times not to contact, follow up with SMS etc.)

Does the client identify as having a disability?

☐ No☐ Yes

Does the client identify as LGBTQI?

☐ No☐ Yes

Does the client identify as Aboriginal?

☐ No☐ Yes

Client's primary language:

Client's secondary language:

Cultural background:

Domestic and Family Violence History

Is the client being referred due to a current DFV offence?

☐ No ☐ Yes

Is the offender currently in an intimate partner relationship?

☐ No ☐ Yes

If yes, provide victim-survivor details

Child protection concerns

☐ No ☐ Yes If yes, provide details:

Alcohol and other Drug (AOD) and Mental Health

Does the client have or had substance addiction?

Are there any mental health concerns or diagnoses?

Have you made any other referrals for the client? (E.g. housing, financial support, medical care, mental health support etc.)

Details of the referrer

Name:

Position:

Referring service/organisation:

Email address:

Contact number:

Date of referral: