REFERRAL FORM
Family Safety Framework

Safety is Everyone’s Right

URGENT – CONFIDENTIAL

ATTENTION: OFFICER IN CHARGE

(FSF Region):

NT Police Telephone: Date:

VICTIM DETAILS

VICTIM Name: Date of Birth:

Address of VICTIM:

State if victim known by any other name or DOB where possible:

VICTIM Other Name: Date of Birth:

Please include any cross border knowledge (other States/Territories frequented):

OFFENDER DETAILS

OFFENDER Name: Date of Birth:

State Relationship to Victim:

AND if Offender is known by any Other Name or DOB where possible:

OFFENDER Other Name: Date of Birth:

Address of OFFENDER:

Please include any cross border knowledge (other States/Territories frequented):

CHILDREN DETAILS

State victim / offender relationship to each child and if children known by any other names or DOB’s where possible:

<table>
<thead>
<tr>
<th>Child Name</th>
<th>Child D.O.B.</th>
<th>Alternate names/spelling and D.O.B</th>
<th>Relationship to Victim</th>
<th>Relationship to Offender</th>
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Victim Pregnant: □ Yes □ No If Yes, gestation period in weeks:

Pre-natal Care Provider (If known):
Risk Assessment Score:  

(Provide details below about how RAF questions were answered):

ADDITIONAL RISK INDICATORS - ABORIGINAL COMMUNITIES

In this section please also document the following risk indicators if currently impacting on the safety of victim/s:

- Is there family feuding?
- Is there wrong skin relationship?
- Is there pay back violence / issues?
- Is there possessive, controlling behaviour and ‘jealousing’?
- Is the victim being prevented from participating in cultural ceremony?
- Is the victim worried about the offender’s imminent release from prison?
- Has the victim been deprived of their liberty/held against their will, possibly in an isolated location?
- Has the offender used weapons such as rocks, nulla nullas, fire sticks, digging sticks, clubs or metal bars in the recent incident?
- Does the victim live on a homeland – ie isolated location?
- Is the victim living with the offender’s family – not on her country?

Reasons for Referral:

Background and Risk issues:

Is the person aware of the FSM  ☐ Yes  ☐ No

Has consent been given for the referral?  ☐ Yes  ☐ No

If Not, Why Not?

Referring Worker
Name
Agency
Contact Details
Telephone
Mobile
Email/fax
Address

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