

SHE External Referral Form

Please note that this is for non-urgent referrals. For anything urgent, please call the crisisline on 0800 REFUGE.

Referrer Information			
Referrer Name		Date Referral Sent	
Referrer's Email		Referrer's Contact Number	
Referrer's Role & Workplace			
<p>Has the client consented to this referral?</p> <p>The information that has been provided in this form will be kept strictly confidential in a database that is securely web-hosted, fully audited, and accessible only by authorised persons (such as our IT hosting provider and the National Collective of Independent Women's Refuges members).</p> <p>Identifiable information you give us will not be released to unauthorised persons or external parties without us contacting you in the first instance to obtain your permission, unless the release of information is necessary for your safety or the safety of your children as per the Privacy Act 2020, the Family Violence Act 2018, and the Oranga Tamariki Act 1989. You understand that you have the right to access (and have corrected or updated) any information held in the database by contacting our privacy officer at office@SHE.org.nz.</p> <p>Information required for funding, MSD/ Te Kāhui Kāhu auditing purposes, and statistical reporting (this does include personal details to facilitate data quality processes and reporting validation) will be collated by the National Collective of Independent Women's Refuges. This information will also be used to build a clearer picture of family violence in New Zealand and to develop/provide better, sooner, and more effective services for women and children.</p>			
Was verbal consent given:	Yes	No	

Client Information				
Full Name			Are they safe right now? <i>(If no, please call 111 or 0800 REFUGE)</i>	Yes
Date of Birth				No
Known by any other names?			Gender	
Home Address				
Phone Number			Email Address	
Is it safe to text/call?	Yes	No	Comment	
Ethnicity/Nationality <i>(Iwi if known)</i>			Transport	Yes No
Emergency Contact <i>(Name, Relationship & Contact)</i>				

Accommodation Situation	Renting	Kainga Ora	Own Home	Family or Friends	No Fixed Abode	Other
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Perpetrator Information						
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Perpetrators Name				Date of Birth		
Relationship to Client						
Address (if known)						
Protection Order	Yes	No	Parenting Order	Yes	No	
Drug or Alcohol (Details)			Gang Affiliations (Details)			

Children Information				
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Name	Ethnicity	Date of Birth	Gender	Who do they live with?

Health Information	
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Any physical or mental health concerns for client or children? <i>(Health conditions, disabilities, diagnosis)</i>	
Any prescribed medication? <i>(Include names and dosage)</i>	
Any self-harm/suicidal ideation? <i>(How recent? When was the last incident?)</i>	

Does the client have any issues with drugs or alcohol? <i>(What kind, how often, most recent use?)</i>	
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Other Agency Involvement		
Are there any other agencies involved with the client/their family?	Yes	No
Further details <i>(Include agency name and current involvement if possible)</i>		

Additional Information
Reason for referral: