

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? <small>(If no, please call 111 or 0800 REFUGE)</small>		Yes	
Date of Birth		Gender				No
Known by any other names?			Sexual Orientation			
Home Address			Pronouns			
Phone Number			Email Address			
Is it safe to text/call?	Yes	No	Comment			
Ethnicity/Nationality <small>(Iwi if known)</small>			Transport	Yes	No	
Emergency Contact <small>(Name, Relationship & Contact)</small>						
Accommodation Situation	Renting	Kainga Ora	Own Home	Family or Friends	No Fixed Abode	Other

Perpetrator Information					
Perpetrators Name				Date of Birth	
Relationship to Client					
Address (if known)					
Protection Order	Yes	No	Parenting Order	Yes	No
Drug or Alcohol <i>(Details)</i>			Gang Affiliations <i>(Details)</i>		

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

Health Information	
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>	

Support Needs:

Please explain the support you are expecting/wanting from SHE, including any of the following categories"

If you need a crisis response, please phone our crisis line on 0800 733 843

DV Education	Legal Order Support	Building Safety at Home	Safety Planning	Remaining Safely in a Relationship
Support Leaving a Relationship	General DV Advice	Goal Setting	Police Intervention Support	Other (please explain)