# Aviva External Referral Form

*Please note the primary criteria for our engagement is family or domestic violence as defined by the Domestic Violence Act, physical, emotional, sexual, psychological, or financial. If your referral is for a man using violence, please use our ReachOut referral form which can be accessed from our website or via our support line (website link).*

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| **Referrer Details:** |

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| Police 🞏 | OT 🞏 | Refuge 🞏 | SASSC 🞏 | Hospital 🞏 | Other Agency |  |

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| **Organisation** |  | **Date of Referral** |  |
| **Referrer Name** |  | **Referrer’s Phone** |  |
| **Referrer’s Email** |  |  |  |

Reason for Referral: *Brief summary or attach documentation*

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| **Client information** |

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| **Full Name** |  | | | **Gender** |  |
| **Date of Birth** |  | | | **Age** |  |
| **Address** |  | | | | |
| **Phone** |  | | | **Email** |  |
| **Are we able to leave a message** | | **Yes 🞏** | **No 🞏** | **Comment:** | |
| **Ethnicity (iwi)** |  | | | **Country of Birth** |  |

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| **Who is responsible for the abuse?** |  | |
| **Relationship to Client** |  | |
| **Have you had previous Aviva/Refuge contact** | |  |
| **If yes who** |  | |

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| **Children information** |

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| Name: | Ethnicity | Age | M / F | Who do they live with? | Orders |
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| **Safety** |

Are there any current Safety Issues?

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| **Orders *(Already in place)*** |

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| **Protection Order** | **Yes 🞏** | **No 🞏** | **With Notice 🞏** | **Without Notice 🞏** |
| **Breached** | **Yes 🞏** | **No 🞏** | **Date of Breach** |  |
| **Respondent’s Name** |  | | **Date of Birth** |  |
| **Parenting Order** | **Yes 🞏** | **No 🞏** | **Respondents Name** |  |

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| **Abuse Experienced** | | | |
| Physical | Sexual | Strangulation /Attempted | |
| Spiritual | Psychological | Verbal | |
| Threats | Harassment | Financial | |
| Weapons used | Firearms | Witness/ heard | |
| Medical treatment req | Cyber Abuse |  | |
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| **Client Issues** | | | |

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| Accommodation | Work and Income | Safety Planning |
| Alcohol and Drug | Protection Order | Parenting Order/ Custody Issues |
| DV Education/Counselling | Community Support Referral | Other |

Any special medical needs: *Health conditions, disabilities, diagnosis, medication*

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What supports are currently in place for this client? *(where possible, please include a contact person & details )*

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Are there any other concerns/risks that we need to be aware of for the person using abuse? *(Red flags, mental health, Alcohol and drugs, previous protection orders, gang related)*

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| **Internal Process:** |

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| **Date** |  | **FSW:** |  | **Assigned date:** |  |

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| Call Date: |  |  |  |  |
| OUTCOME: | **TC ATC NR** | **TC ATC NR** | **TC ATC NR** | **TC ATC NR** |
| FSW |  |  |  |  |

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| **Case Plan:** |

Current Supports:

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Details:

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Case Plan:

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| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

Safety Plan:

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| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

Client case notes:

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**PLEASE EMAIL REFERRAL TO** [**referral@avivafamilies.org.nz**](mailto:referral@avivafamilies.org.nz)

*Please tick and date where the referral has gone*

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| Not able to contact | Declined support | Declined support but phone support given |  |  | Referral Accepted |
| Referral to Residential | Referral to FSW | Referral to Peer Support | Referral to Women’s Programme/ SSP | Referral to Tamariki Programme/ SSP | Referral to NILs |
| Referral to ReachOut | Referral to Shine safe@home | Referral to agency | Referral to Refuge | Safety Plans | NFA |