

DE MARILLAC PATHWAYS REFERRAL FORM

(Call Centre)

(before referring, please read section 3 for eligibility requirements)

Referral Date: Click or tap to enter a date.

Please email the completed form to dmp@svdpqld.org.au

Has consent for this referral been obtained from the client: YES NO

SECTION 1 – REFERRING ORGANISATION DETAILS

Organisation Name: Choose an item.

Contact Person:

Phone:

E-Mail: *if available*

SECTION 2 - CLIENT BEING REFERRED

Name:

Preferred name:

D.O.B:

Country of birth:

Residency status (*relevant visa if applicable*):

Interpreter required? Yes No

Current Address/Location:

Phone/Mobile:

Email:

SECTION 3 - ELIGIBILITY CRITERIA

Age Requirement:

- o Must be 18 years or older.

Work Rights:

- o Must have full or partial work rights in Australia.

Experience with DFV:

- o The client has experienced DFV, impacting their work or study ability. Evidence of this will be provided by completing each section of De Marillac’s Pathways referral form. When further details are required for the referral, staff will contact the referring party or client directly.

Willingness to Engage:

- o Must demonstrate a willingness to engage in employment, education, training, or upskilling.

NOTE: *To avoid placing additional stress on participants' circumstances or past experiences, De Marillac will not obligate them to engage. De Marillac is a voluntary service. While clients will be encouraged to participate, they must also be prepared to engage with the program.*

Does the referral meet the eligibility criteria: yes no

Is it safe to call the client: Yes No

(in the case of any active DFV or living with the Person Using Violence -PUV)