



GREAT LAKES
Womens
Shelter

Referral - External service providers

Please email completed referral to intake@glws.org.au

Has client consented to this referral? Yes / No

Date of Referral:		Referring Agency:	
Contact person:		Contact number/email:	

Client Name:		D.O.B:	
Contact Number:		Safe to call/text:	
Email address:		Safe to email:	
ATSI/CALD:			
Reason for referral: Details:			
Immediate safety concerns:			
Has client been in our shelter or any other shelter previously? Consent to contact previous shelter?			

Child's Full Name	DOB	AGE	GENDER	CULTURAL IDENTITY /family group	IMMUNISED	EDUCATION – currently enrolled



GREAT LAKES Womens Shelter

P.O Box 4387, Forster NSW 2428 02)6555 9835
ABN: 18949934199 CFN:24523



GREAT LAKES
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WOMEN'S
COMMUNITY
SHELTERS

Any DCJ involvement for the family?

DCJ Case Worker contact details:

Last DCJ Contact:

DOMESTIC and FAMILY VIOLENCE

PWUV (Person who uses violence)

PWUV Name: DOB:	
PWUV likely to come looking for client? Yes / No	
Is PWUV Dangerous: Yes / No Access to weapons:	Details:
PWUV last known location address:	
PWUV's identifying traits:	
Any police involvement? Any current AVO's for client or PWUV?	<i>(if no, encourage report to police or WDV CAS immediately, if relevant)</i>

Criminal history for PWUV?	Details: <i>(When /Charges / prison / amount of time served)</i>

Criminal History for client (or anyone listed on application)	Details: <i>(When /Charges / prison / amount of time served)</i>
Any current or previous drug and/or alcohol usage for anyone listed	
Managed/Unmanaged mental health for anyone listed -Coping strategies	
Medications:	

Background or any other relevant information:	
Other supports needed/ identified:	

GLWS Assessment Notes:	