



Please email referral to intake@glws.org.au

DATE: _____

Client Name: _____ Contact number: _____

DOB: ____/____/____

Referring Agency/ contact details:

Presenting issue: (circle) Domestic Violence, Family Violence, Homelessness, other _____

Perpetrator info: _____

Cultural Identity: _____ Interpreter required? _____

Name/ DOB /Age of Child/ren:

School (if enrolled)

Support Services involved:

Mental Health Issues – Managed or unmanaged

Background or any other relevant information:

Consent given to discuss information provided in this referral with GLWS as part of referral process

Please circle: Yes No

GLWS STAFF USE ONLY	Contact & follow up process
Date referral received/...../.....
Date of initial contact/...../.....
Followed up by GLWS Case Worker (Name)
Details.....