

STRONG SPIRIT REFERRAL FORM



Personal Information

First Name :

Surname :

Date of Birth :

Cultural Identity :

Address :

City/Country :

Email :

Phone :

Date of Referral :

Safe to Call? Safe to Text? Safe to attend home?

Who is Referring (If applicable)

Self-Referral Advocacy Statuatory Body

Referrer Information

Referrer Full Name :

Referring Service :

Referrer Phone :

Referrer Email :

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Reason for Referral into RE-SET Program:

- The person has used violence and is seeking to take accountability for their behaviour
- The person has experienced violence or trauma and is seeking healing in a culturally safe space.
- The person is seeking support to strengthen their role as a father, partner, and/or community member
- The person has been referred due to a DFV incident or pattern of behaviour requiring intervention.
- The person has expressed interest in learning, healing, and accountability.
- The person is subject to legal or statutory conditions encouraging behaviour change such as court, or child protection involvement
- Other (please specify):

Is the person subject to any Child Protection or Domestic Family Violence Orders?

- YES (please attach copy)
- NO
- UNSURE

Child Information (If Any)

NAME	DOB	Relationship	Culture

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Additional Information:

Has the person given consent for this referral? YES
 NO

NAME :

SIGNED :

DATE :