RE-SET REFERRAL FORM





Personal Information

First Name :			
Surname :			
Date of Birth :			
Cultural Identity :			
Address :			
City/Country :			
Email :			
Phone :			
Date of Referral :			
Date of Referral : Safe to Call?		Safe to Text?	Safe to attend home?
	—		Safe to attend home?
Safe to Call?	—		Safe to attend home? Statuatory Body
Safe to Call? Who is Referri	ng (If ap	plicable)	
Safe to Call? Who is Referri Self-Referral	ng (If ap	plicable)	
Safe to Call? Who is Referri Self-Referral Referrer Inform	ng (If ap	plicable)	
Safe to Call? Who is Referri Self-Referral Referrer Inform Referrer Full Name	ng (If ap	plicable)	

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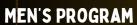


Reason for Referral into RE-SET Program:	
☐ The person has used violence and is seeking to take accountability for their behaviour	
The person has experienced violence or trauma and is seeking healing in a culturally safe men's space.	
☐ The person is seeking support to strengthen their role as a father, partner, and/or communimember	ity
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 court, or child protection involvement	as
Other (please specify):	
Is the person subject to any Child Protection or Legal Orders?	
YES (please attach copy)	
□ NO	
UNSURE	

Child Information

NAME	DOB	Relationship	Culture

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Additional	Info	ormation:		
Additional	Info	ermation:		
Has the per	rson	given consent for th	nis referral?	 YES NO
NAME	:			
SIGNED	:			
DATE	:			se email the filled in form to ect@amplimity.org.au