

Service Referral Form

WJN's focus is on supporting women and girls who are impacted by the criminal justice system or who are at risk in the community. WJN aims to assist women and girls to live their best lives.

Our geographic reach is predominantly focused within the Sydney, Central Coast, Hunter and Newcastle regions. Limited referrals will be considered beyond these regions.

Please complete this Service Referral Form to enable us to assess your needs. You will be contacted by our Caseworker within 10 days

Client Details

Name:

Signature:.....

Date:.....

Are you known by any other name:
.....

Date of Birth:/...../.....

Preferred Pronouns:
.....

Are you:

- Aboriginal
- Torres Strait Islander
- Both
- Non-Indigenous Australian
- Pacific Islander
- Vietnamese
- Lebanese
- Other

If other, please specify.....

Prefer not to say

Do you require an interpreter?

Yes No

If yes, which language.....

Is this a Self Referral?

Yes No

If no, is the person aware this referral is being made and are they voluntarily seeking assistance?:

Yes No

Referrer Details (if applicable)

Name:

Organisation:

Position.....

Phone:

Email:

Date of Referral:

Referrer Signature:

How did you hear about The Women's Justice Network?

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Are they Pregnant?

- Yes expected due date.....
- No

Do you have children under 18 years? Yes No If yes, how many?

Is there DCJ / FACS involvement? Yes No

Who is caring for your child/children?

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What services/supports are you looking for?

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Are you in contact with any other service providers? If so, who, and what for?

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Are there any more details we need to know to be able to provide the best level of support:

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If client is currently **in custody** please fill in Section A
If client is currently **in community** please fill out Section B

SECTION A: - For clients in custody ONLY

Current legal status:

Sentenced

First time in Custody

Yes No

Earliest Release Date

Remanded in Custody

Next court date

Correctional Centre

MIN

SECTION B - For clients in the community ONLY

Are you at risk of engagement with the criminal justice system?

Yes No Not sure

Contact Number :

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Email

.....

Address (if applicable):

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Are you on:

- Bail
- Probation
- Suspended Sentence
- Parole
- Other

If other, please specify:

.....

Please send this completed form to:

referrals@wjn.org.au **OR** PO Box 21391 World Square, NSW, 2002

Please phone us on 02 8011 0699 with any queries.