

NYUGUMBA

ABORIGINAL MENS PROGRAM

REFERRING AGENCY DETAILS

Name of referring agency: _____

Name of referring worker: _____

Referral Date: _____

Worker Phone _____ Worker Email _____

Has the client provided their consent for this referral? ☐ Yes ☐ No

** Referrals to Nyugumba will only be accepted if the client has provided their consent **

CLIENT DETAILS

Client Full Name: _____ DOB: _____

Current Address: _____ (If unable to provide address, service address is ok)

Email: _____ Phone: _____

Is it safe to call as Nyugumba? ☐ Yes ☐ No

Is it safe to leave a message? ☐ Yes ☐ No

Do you Identify as Aboriginal and/or Torres Strait Islander? ☐ Yes ☐ No

Do you have any additional needs when accessing our service (disability, interpreter etc)? ☐ Yes ☐ No

If yes, please provide details:

Are you living on Country? (Port Stephens/Worimi or Newcastle/Awabakal) ☐ Yes ☐ No

If No, who is your Mob/your Country? _____ Unknown ☐

Are you connected with Mob? _____

EMERGENCY CONTACT DETAILS

Name: _____

Number: _____

Relationship: _____

Is there a current AVO with this person: ☐ Yes ☐ No

If yes, please provide contact details for a second person:

Name: _____

Number: _____

Relationship: _____

Nyugumba is committed to protecting the confidentiality and privacy of all clients.

We acknowledge our responsibility to ensure the security and safety of adults, children, and young people accessing Nyugumba services by safeguarding sensitive information.

Nyugumba adheres to the Australian Privacy Principles in managing the collection, storage, disclosure, and use of personal information.

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PARTNER DETAILS

Full Name: _____ DOB: _____

Current Address: _____ (If unable to provide address, service address is ok)

Email: _____ Phone: _____

Gender ☐ Male ☐ Female ☐ Prefer not to say

Is it safe to call as Nyugumba? ☐ Yes ☐ No

Is it safe to leave a message? ☐ Yes ☐ No

Do they Identify as Aboriginal and/or Torres Strait Islander? ☐ Yes ☐ No

Do they have any additional needs when engaging with our service (disability, interpreter etc)? ☐ Yes ☐ No

If yes, please provide details: _____

CHILDREN

Are there any children involved? ☐ Yes ☐ No

If yes, please provide details:

Names: _____ Relationship to client: _____

Ages: _____ School name: _____

Genders: _____ Who does the child live with? _____

Is DCJ involved? ☐ Yes ☐ No

Does the child/ren have contact with the person using violence? ☐ Yes ☐ No

Are the child/ren listed as protected persons on any AVOs? ☐ Yes ☐ No

Are there any Family Law Court Orders or Parenting Plans in place? ☐ Yes ☐ No

If yes, please attach copies: _____

IDENTIFIED VIOLENCE Please tick all that apply

<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Threats of self harm	<input type="checkbox"/> Social abuse/isolation
<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Harm to animals	<input type="checkbox"/> Threats to kill	<input type="checkbox"/> Cultural/religious abuse
<input type="checkbox"/> Coercive Control	<input type="checkbox"/> Technology Abuse	<input type="checkbox"/> Threats to kill children	<input type="checkbox"/> Attempts to kill
<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Stalking/Surveillance	<input type="checkbox"/> Threats to take children	<input type="checkbox"/> Damage to property
<input type="checkbox"/> Financial Abuse	<input type="checkbox"/> Breach/s of DVO	<input type="checkbox"/> Threats of weapons	<input type="checkbox"/> Other

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REFERRAL DETAILS

Brief overview and reasons for referral:

SERVICE PROVIDER RISKS

Has this client caused harm to other service providers? ☐ Yes ☐ No

Has this client threatened to cause harm to other service providers / staff members? ☐ Yes ☐ No

Are there previous convictions for violent crimes? ☐ Yes ☐ No

Please list below identified risks identified with this client.

SAFETY PLANNING

Has a safety plan already been done with this client? ☐ Yes ☐ No

If yes, please attach a copy.

OTHER REFERRALS

Have other referrals to other services been made on behalf of this client? ☐ Yes ☐ No

If yes, please list below to avoid potential overlap.

PLEASE SEND COMPLETED FORM TO: lindsay@youthexpress.com.au

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