

Men's Choice & Change Program Self-Referral Form

Client Details:

| | | | |
|---|-------------------------------|-------------------------------|--------------------------------|
| Name | Birth date | | |
| Home address | Email | | |
| Phone | Mobile | | |
| Preferred method of contact? | <input type="checkbox"/> Call | <input type="checkbox"/> Text | <input type="checkbox"/> Email |
| Do you have a disability? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you Aboriginal or Torres Strait Islander? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please specify: | | | |
| Do you have any safety concerns about being contacted? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, which method of communication is the safest way for us to contact you? | <input type="checkbox"/> Call | <input type="checkbox"/> Text | <input type="checkbox"/> Email |
| Only wish to be contacted during a specified time? If so, please specify between 8am - 5pm, Monday to Friday | | | |
| First Language | Interpreter required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you consent to be contacted by a member of our team and offered support and referrals? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you experiencing or at risk of domestic family violence? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What kinds of domestic violence have you experienced?

- Physical Violence:** slapping, punching, kicking, shaking, or pushing, which may also include the use of weapons or objects. Breaking furniture and belongings, physically restricting your movement, threatening to harm you, your children, other loved ones or pets.
- Verbal Abuse:** verbal intimidation, verbal attacks, threats of violence against yourself or family members, insults, yelling or humiliation.
- Financial Control:** maintaining control of family finances, such as restricting access to bank accounts, wages or pensions, providing a small 'allowance', hiding assets, preventing the person from working and theft.
- Emotional Abuse:** blaming, ignoring, treating you as inferior, frequently saying behaviour is inappropriate, questioning your understanding of the truth, emotional blackmail or making threats of self-harm.
- Cyber Harassment:** constantly messaging or calling, checking your phone and other devices without permission, actively abusing and humiliating you on social media platforms, tracing your movements and using GPS tracking.
- Stalking/Intimidation:** attending your home or workplace without permission, talking to your friends, neighbours or your children about your movements or activities without your permission, constantly keeping check on where you are and what you are doing or using tracking devices to monitor your whereabouts.

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Social Isolation: isolating you from your family and friends, such as forbidding or preventing contact with them, pattern of ongoing rudeness to family and friends, forcing a move away from family support.

Sexual Abuse: forcing or coercing you to have sex or engage in sexual acts that make you feel unsafe or uncomfortable.

What is the nature of the relationship between yourself and the user of violence/abuse?

Intimate partner Family member Child/Parent Other (please specify)

Do you have any current or immediate safety concerns for yourself or other family members? Yes No

If yes, what are they?

Are you currently engaged with any other services? Yes No

If yes, which services?

Is there a current Apprehended Violence Order (AVO) in place? If no, move to the next question.

Current AVO in place

AVO was previously in place

AVO currently being applied for

Are there any children (under the age of 16) living in the household? Yes No

If yes, how many children and what are their ages?

Do you have any current safety concerns for your children?

Does the user of violence or abuse have any ongoing issues with drugs or alcohol and/or mental health issues?

Drug/alcohol issues Mental health issues

Neither Rather not say

Is there any additional information that you would like to share?

Thank you, for completing this Referral Form. One of our caseworkers will be in contact with you soon.

Relationships Australia NSW is committed to protecting your privacy and safeguarding confidential information. We will ensure that we only collect personal information directly relevant to providing our services.

I have read and understood the above, and hereby consent to providing personal information to Relationships Australia NSW to be used for legitimate purposes.

For more information or to seek help through the

Men's Choice and Change Program:

Phone: 1300 364 277

Email: mccenquiries@ransw.org.au

Visit: www.relationshipsnsw.org.au/mcc