

INDIGENOUS MEN'S BEHAVIOURAL CHANGE FAMILY DOMESTIC VIOLENCE PROGRAM

REFERRAL FORM FOR AGENCIES

Workshop required: Broome Bidyadanga Fitzroy Crossing Kununurra

REFERRER DETAILS

Date: _____

Referrer's name: _____

Service Provider: _____

Position: _____

Phone number: _____ Email: _____

DETAILS OF APPLICANT for CHANGE EM WAYS

Family Name: _____

First Name: _____

Preferred Name: _____

Language group (if known): _____

Date of Birth: _____ Age: _____

Aboriginal/Torres Strait Islander: Y ___ N ___

Can the applicant speak and understand English ? : Y ___ N ___

If no, is interpreter required: Y ___ N ___ Specify Language: _____

Phone: _____ Mob: _____ email: _____

Current Address: _____



(EX)-PARTNER'S DETAILS

Name: _____

Language group (if known): _____

Date of Birth: _____ Age: _____

Aboriginal/Torres Strait Islander: Y ___ N ___

Can the applicant speak and understand English ? : Y ___ N ___

If no, is interpreter required: Y ___ N ___ Specify Language: _____

Phone: _____ Mob: _____ email: _____

Current Address:

BACKGROUND INFORMATION

Has the applicant been convicted of using Family Violence Behaviours ? : Y ___ N ___

Please provide further details (as much as possible):

Any other convictions of note:

CURRENT LEGAL STATUS

Current orders and requirements (include expiry date and next Court appearance if applicable, and bail conditions):

Family Violence Restraining Order: Y ___ N ___

Name of protected person and conditions:

Other requirements (such as child protection):



CHILDREN AT RISK FROM FDV

Surname	Given Name	Age /DOB	Relationship to man

ADDITIONAL BACKGROUND INFORMATION

Does the applicant have a history of Alcohol or Drug issues? : Y ___ N ___

If so please comment:

Does the applicant have any medical or mental health conditions? : Y ___ N ___

If so please comment :

Is the applicant currently taking medication? : Y ___ N ___

If so what medication:

Is the applicant currently involved with any other agencies or counselling services? Y ___ N ___

If so please comment :

Are you aware of any challenges which may impact on the applicant's program attendance and/or participation? For example; employment, transport, literacy, family, cultural obligations.

What strengths does the applicant have to support his engagement in the program? :

Anything else we should know? (eg safety concerns or risk factors) :



ABOUT CHANGE EM WAYS

Change Em Ways (CEW) is an Indigenous Men's Behaviour Change Family Domestic Violence Program being delivered by Men's Outreach Service. Change Em Ways applies a holistic approach to increase the safety of families, reduce family violence and strengthen the social and emotional well-being of all those involved. It does this through intensive therapeutic workshop sessions with the men over a period of 8 weeks. The program commences with a cultural camp and there are regular cultural days throughout. Following completion of the workshop the men receive a further 5 months' outreach support from the program team. The partners of the men going through Change Em Ways also receive regular and ongoing support through our Strong Women, Strong Families team.

Change Em Ways is based upon four core principles:

1. Safety, Accountability, Responsibility.
2. Respect for Country, Culture and Family.
3. Strength-based Trauma Informed Healing.
4. Support for Women and Children.

Please send referrals to:

BROOME: infocewbroome@mensoutreach.org.au

BIDYADANGA, FITZROY CROSSING and KUNUNURRA: infocewc@mensoutreach.org.au

For further enquires contact the CEW Team Leader Debbie Medhurst – 0418 665 094