



WillowTree 37 Women's Support Centre

Referral Form

Our organisation is committed to delivering integrated, person-centred support through strong collaboration with human services and partner agencies. We adopt a service navigator approach to ensure that every individual receives comprehensive, wrap-around assistance tailored to their unique circumstances. This includes facilitated access to health services, housing, employment and education opportunities, financial supports, and help managing family relationships, mental health concerns, and drug and alcohol issues. By working in coordinated partnership and addressing both immediate needs and underlying challenges, we support Women on their ongoing journey.

Please note: This service is case-management focused and is not able to provide crisis intervention. Clients requiring immediate or urgent safety support should be referred to emergency services or dedicated crisis response services.

Referring Agency Details		
Agency/Organisation:		
Referrer Name:		
Position/Role:		
Phone Number:		
Email:		
Best Contact Method:		
Client Details		
Name:		
Address:		
Contact Number:		Safe to call: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
DOB:		Safe to SMS: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cultural Identity:		
Interpreter required:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, language:	
Emergency contact name:		
Emergency contact number:		



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Safety Considerations

Is the client currently safe? Yes: ☐ No: ☐ Unsure: ☐

Immediate safety risks identified:

- | | | |
|---|---|---|
| <input type="checkbox"/> Physical Violence | <input type="checkbox"/> Verbal abuse | <input type="checkbox"/> Coercive control |
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Sexual violence | <input type="checkbox"/> Financial abuse |
| <input type="checkbox"/> Children at risk | <input type="checkbox"/> Weapons involved | <input type="checkbox"/> Threats to kill |
| <input type="checkbox"/> Escalation of violence | <input type="checkbox"/> Breach of DVO | <input type="checkbox"/> Damage to property |
| <input type="checkbox"/> Other (specify): | | |

Brief Description for Referral: e.g. navigating support services, housing, employment, education, safety planning.

Has the client consented to this referral: Yes: ☐ No: ☐

Client Signature:

Date:

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Next scheduled review		12 months from date of approval	