PLEASE EMAIL COMPLETED FORMS TO CBSINTAKE@COMMUNICARE.ORG.AU
IF YOU REQUIRE FURTHER INFORMATION PLEASE CALL 9439 5707

COMMUNICARE CREATING FUTURES | White Ribbon Australia

COMMUNITY REFERRAL

Date		Referral Service	
Referrer Contact #		Referrer Name	
Referrer Email			

Personal Details

Full Name INCLUDING ANY PRONOUNS				Preferred Name/Alisas	
Age		DOB		Contact #	
Country of Birth				Email Address	

Eligibility

Do you acknowledge that you have previously chosen to use Domestic Violence and Abuse in your relationship(s) with partners/ex-partners or other family members (FDVA)?	☐ YES	☐ NO
Do you agree that are you contacting Breathing Space because you would like support to change your behaviour to protect the women and children in your life from violence and abuse?	☐ YES	☐ NO

Do you have current or historical charges for FDVA? 'NO' IS AN EXCLUSION	☐ YES	☐ NO	Details	
Do you have any other outstanding charges? *Include pending court date in 'Details'*	☐ YES	☐ NO	Details	
Have you ever been charged with a sexual assault offence as an adult on someone under 18 years of age? ADULT ON MINOR IS AN EXCLUSION	☐ YES	☐ NO	Details	
Have you ever been charged with a Sexual Assault offence as an adult on someone over 18 years of age?	☐ YES	☐ NO	Details	
Have you ever been charged with Arson? ARSON IS AN EXCLUSION	☐ YES	☐ NO	Details	
Have you ever been charged with Criminal Damage or Destruction by Fire?	☐ YES	☐ NO	Details	
Have you ever been part of an Organised Motorcycle Club or Gang (OMCG) past or present? PRESENT AFFILIATION IS AN EXCLUSION	☐ YES	☐ NO	Details	

Contractual Agreements

☐	YOU ACKNOWLEDGE THAT YOU HAVE PREVIOUSLY CHOSEN TO USE FAMILY DOMESTIC VIOLENCE AND ABUSE IN YOUR RELATIONSHIP(S) WITH PARTNERS/EX-PARTNERS OR OTHER FAMILY MEMBERS?
☐	IF YOU ARE SEEKING RELEASE FROM CUSTODY ON BAIL YOU WILL ONLY BE SUPPORTED IF YOU ARE BAILED TO THE BREATHING SPACE ADDRESS. IF YOU BREACH BAIL OR FAIL TO COMPLETE THE PROGRAM YOU MAY BE RETURNED TO CUSTODY OR BE REQUIRED TO ATTEND COURT.
☐	**IF YOU ARE ACCEPTED INTO THE PROGRAM** YOU AGREE NOT TO USE VIOLENCE OR RACIAL, SEXUAL OR DISABILITY RELATED DISCRIMINATION IN THE BREATHING SPACE COMMUNITY OR THE WIDER COMMUNITY.
☐	YOU AGREE TO NOT ENGAGE IN ANY ILLEGAL ACTIVITY OF ANY NATURE, AND YOU WILL INFORM STAFF IF YOU BECOME AWARE OF ANY PARTICIPANTS THAT ARE AS A DUTY OF CARE.
☐	YOU AGREE NOT TO USE ANY DRUGS, ALCOHOL OR ILLICIT SUBSTANCES ON OR OFF SITE, AND YOU UNDERSTAND YOU WILL COMPLY WITH RANDOM TESTING THROUGHOUT YOUR TIME IN THE PROGRAM. USE IS LIKELY TO RESULT IN YOU BEING EXITED FROM THE PROGRAM.
☐	YOU AGREE TO ABIDE BY ANY F/VRO, PAROLE OR BAIL CONDITIONS WHILST IN THE PROGRAM AND YOU WILL PROVIDE A COPY OF ANY CONDITIONS THAT APPLY WHEN YOU ENTER PROGRAM. IF YOU DO NOT HAVE A COPY ON ARRIVAL STAFF WILL SUPPORT YOU TO OBTAIN A COPY.
☐	YOU UNDERSTAND THAT ALL TIME OFF SITE NEEDS TO BE NEGOTIATED WITH STAFF AND MEET THE LEAVE POLICY GUIDELINES. DURING YOUR 1ST WEEK IN PROGRAM LEAVE WILL ONLY BE APPROVED IF ACCOMPANIED BY A STAFF MEMBER, IF SCHEDULES PERMIT. YOU MAY APPLY FOR YOUR FIRST WEEKEND LEAVE ON THE 3RD WEEKEND IN THE PROGRAM.
☐	YOU AGREE TO PROVIDE A LETTER FROM YOUR DOCTOR, OR PROVIDE VERBAL/WRITTEN CONSENT TO RELEASE INFORMATION TO BREATHING SPACE IF YOU ARE MEDICALLY REQUIRED TO TAKE PRESCRIPTION MEDICATION. ALL PRESCRIBED MEDICATION IS REQUIRED TO BE PLACED IN A WEBSTER-PAK AND WILL BE STORED IN A SECURE OFFICE. MEDICATION CAN ONLY BE TAKEN AS PRESCRIBED AND ANY CHANGES WILL NEED TO BE CONFIRMED BY THE PRESCRIBING DOCTOR IN WRITING.
☐	YOU AGREE TO PROVIDE A LETTER OR REPORT, OR PROVIDE VERBAL/WRITTEN CONSENT TO RELEASE INFORMATION, FROM YOUR DOCTOR/PSYCHOLOGIST/PSYCHIATRIST TO CONFIRM ANY MENTAL HEALTH DIAGNOSIS. IF THE LEVEL OF SUPPORT YOU REQUIRE BECOMES UNMANAGEABLE OR PRESENTS ANY SAFETY ISSUES FOR YOURSELF, PARTICIPANTS OR STAFF YOUR PLACE IN PROGRAM MAY BE REVIEWED FOR SUITABILITY. BREATHING SPACE IS NOT A MENTAL HEALTH FACILITY.
☐	YOU AGREE TO COMMENCE A REDUCTION PLAN FOR ANY PHARMACOTHERAPY TREATMENT PROGRAM, SUCH AS SUBOXONE OR METHADONE, UPON ENTRY WITH GUIDANCE FROM A MEDICAL PROFESSIONAL AND DOCUMENTATION MUST BE PROVIDED. TREATMENT CANNOT BE COMMENCED WHILST IN THE PROGRAM.
☐	YOU AGREE TO PROVIDE THE WOMEN'S ADVOCATE WITH ANY CONTACT DETAILS FOR THE VICTIM-SURVIVOR(S) IMPACTED BY YOUR FDVA BEHAVIOURS. THIS MAY INCLUDE YOUR CURRENT PARTNER, EX-PARTNER(S), ANY PREVIOUS PARTNER(S) YOU MAY HAVE CHILDREN WITH, OR FAMILY MEMBERS. THE WOMEN'S ADVOCATE WILL BE MAKING CONTACT TO OFFER THEM SUPPORT DURING YOUR TIME IN PROGRAM.
☐	TO ENABLE YOU TO FOCUS ON YOUR BEHAVIOUR CHANGE JOURNEY THE DEVELOPMENT OF NEW RELATIONSHIPS IS STRONGLY DISCOURAGED. IF YOU DO COMMENCE A NEW RELATIONSHIP YOU ARE REQUIRED TO PROVIDE THE WOMEN'S ADVOCATE WITH THEIR CONTACT DETAILS.
☐	YOU UNDERSTAND THAT NO VISITORS ARE ALLOWED ON SITE AT ANY TIME. YOU CAN NEGOTIATE WITH STAFF TO ARRANGE ONE DROP-OFF OF ESSENTIAL ITEMS TO SITE BY FAMILY OR FRIENDS DURING YOUR TIME IN PROGRAM. STAFF WILL ACCEPT THE DELIVERY ON YOUR BEHALF AND WILL SEARCH THE DELIVERY FOR ANY CONTRABAND.
☐	YOU AGREE TO ACTIVELY ENGAGE AND PARTICIPATE IN THE PROGRAM AND COMMUNITY, WHICH INCLUDES FOLLOWING ALL PROGRAM RULES AND STAFF DIRECTIONS, HAVING OPEN CONVERSATIONS WITH BOTH PARTICIPANTS AND STAFF, COMPLETING REQUIRED GROUP WORK AND CONTRIBUTING TO CHORES AS REQUIRED.
☐	YOU UNDERSTAND BREATHING SPACE HAS A MOBILE PHONE POLICY AND ALL PHONES ARE STORED IN A SECURE OFFICE. YOU WILL HAVE ACCESS TO YOUR PHONE FOR TWO (2) HOURS PER DAY AND WHILST ON APPROVED LEAVE FROM SITE. IF YOU ARE OBSERVED TO USE ABUSE OF ANY NATURE DURING PHONE ACCESS STAFF MAY REQUEST THAT YOU END THE CALL IMMEDIATELY AND IT MAY RESULT IN THE LOSS OF PHONE PRIVILEGES FOR A PERIOD OF TIME.
☐	YOU UNDERSTAND THAT YOU ARE REQUIRED TO PROVIDE YOUR OWN FOOD, DO YOUR OWN COOKING AND LAUNDRY AS WELL AS KEEP YOUR ROOM CLEAN AND TIDY. BREATHING SPACE PROVIDES LIMITED BASIC ESSENTIALS SUCH AS BREAD, MILK, TEA, COFFEE AND LAUNDRY POWDER. ONCE PER WEEK ADDITIONAL INGREDIENTS ARE PROVIDED FOR PARTICIPANTS TO PREPARE A COOKED BREAKFAST AND A COOKING SKILLS GROUP TO PREPARE A COMMUNAL DINNER ON A SUNDAY EVENING.
☐	YOU UNDERSTAND THAT A $50 BOND IS PAYABLE ON ARRIVAL AND A WEEKLY PAYMENT OF $180 FOR LODGINGS WHICH CAN BE ARRANGED THROUGH CENTRE PAY WITH CENTRELINK. TO ENTER THE TRANSITION STAGE OF THE PROGRAM (APPROX. 3-4 MONTHS) YOU WILL BE REQUIRED TO PAY AN ADDITIONAL $200 BOND. ALL BONDS ARE FORFEITED IF YOU ABSCOND FROM SITE OR ARE EXITED FROM PROGRAM PRIOR TO COMPLETION. BONDS ARE OTHERWISE REFUNDED APPROXIMATELY TWO (2) WEEKS POST-COMPLETION IF ALL INVENTORY AND CLEANING REQUIREMENTS HAVE BEEN MET.

REFEREE SIGNATURE		**DATE**	

CONSENT TO RELEASE / OBTAIN INFORMATION

I,		DOB	

GIVE CONSENT FOR COMMUNICARE BREATHING SPACE (CBS) TO OBTAIN AND RELEASE ALL INFORMATION AS IS RELEVANT TO SUPPORT MY APPLICATION FOR ASSESSMENT AND SUITABILITY FOR INCLUSION IN THE INTENSIVE RESIDENTIAL BREATHING SPACE MEN'S BEHAVIOUR CHANGE PROGRAM. INFORMATION MAY ALSO BE SHARED FOR THE PURPOSE OF ONGOING PROGRAM ENGAGEMENT, INCLUDING OBSERVATIONS AND OPINIONS OF MY PROGRESS AND ANY BEHAVIOURS THAT I MAY NEED ADDITIONAL SUPPORT WITH.

NOTE: BREATHING SPACE IS NOT A CRISIS, HOMELESSNESS, MENTAL HEALTH OR ALCOHOL AND/OR OTHER DRUG (AOD) SERVICE.

	SERVICE	DETAILS	
☐	**DEPARTMENT OF COMMUNITIES** CHILD PROTECTION AND FAMILY SERVICES (DCPFS) TEAM LEADER OR SENIOR/CASE WORKER	Full exchange of information pertaining to any open or closed case(s).	
		CONTACT DETAILS	
☐	**DEPARTMENT OF JUSTICE** ADULT COMMUNITY CORRECTIONS OFFICER (TEAM LEADER, SCCO OR CCO)	Full exchange of information to support entry into program, until transfer occurs to CCO allocated to Breathing Space.	
		CONTACT DETAILS	
☐	**MEDICAL** MEDICAL SERVICE/CLINIC, MENTAL HEALTH NURSE, HOSPITAL, GP, PSYCHOLOGIST, PSYCHIATRIST	Information relating to any current mental health concerns, diagnosis or pharmacotherapy programs. As well as any associated treatment to determine level of support required.	
		CONTACT DETAILS	
☐	**REHABILITATION PROGRAM** FDVA, BEHAVIOUR CHANGE, ALCOHOL AND OTHER DRUGS, MENTAL HEALTH	Progress (engagement and participation) and completion (report) details for any programs attended, including dates.	
		CONTACT DETAILS	
☐	**LEGAL REPRESENTATION**	Full exchange of information to support entry into program or upcoming legal proceedings.	
		CONTACT DETAILS	

REFEREE SIGNATURE		**DATE**	
WITNESS SIGNATURE (REFERRER)		**DATE**	