

Forensic Therapeutic Program referral form

Including individuals subject to Community Orders/Parole

This form is for the use of professionals or carers. For self-referrals please phone us (03) 6234 0044 during business hours for direct support from our friendly team.

If you have experienced sexual violence or harm in the past 7 days, please call the SASS 24/7 Helpline (1800 697 877) for immediate information and support.

Once completed, save this referral form to your files, then upload via the secure PDF upload www.sass.org.au/make-a-referral. For security reasons, do not email this referral form directly to us.

This form is to be used for referrals to SASS' Forensic Therapeutic program.
Other referral forms are available from www.sass.org.au/make-a-referral;

- Adult Counselling program and Redress Support Service.
- General Children and Families Counselling Service.
- Prevention, Assessment, Support and Treatment of harmful sexual behaviours program.

SASS has eligibility criteria for all programs. Thank you for providing as much detail as possible. The information you share helps the intake team manage demand for our services. If you are unsure whether your referral is appropriate, please contact us to discuss.

Date of referral:

Month Day Year

If the client is currently incarcerated, when is their expected release date:

If the client is currently incarcerated, what area and/or address will they be released to:

(e.g. Hobart, Devonport, West Coast)

Has the client ever been charged or convicted with offences of a sexual nature?

No

Yes (provide details below)

If yes, please specify:

Referring person or agency:

Referrer relationship to client:

Referrer email:

example@example.com

Referrer phone number:

Please enter a valid phone number.

Has the client indicated they are wanting support regarding their experience of sexual harm?

Yes

No

Has the client consented to this referral being made?

Yes

No

Has the client accessed SASS previously?

Yes

No

Unknown

Is the client a participant of the National Redress Scheme:

Yes

No

Unknown

How did the referrer/the client hear about SASS?

Child Safety Service

Internet Search

Interstate service

NDIS/Disability Service

Police/Legal/Justice

Redress Scheme/ Knowmore

Other

Advice and Referral Line

Social Media

Medical Practitioner/ Health Service

NGO service

Psychologist/ Counsellor

Is your referral a result of contact with Primary
Care Family and Sexual Violence Support?

Name

First Name

Last Name

Date of Birth

Month

Day

Year

Gender

Female

Transgender

Prefer not to say

Male

Non-binary

Preferred pronouns:

He/Him/His

She/Her/Hers

They/Them/Theirs

Prefer not to say

Other

Cultural identity:

None

Aboriginal and Torres Strait Islander

Aboriginal

Torres Strait Islander

Prefer not to say

Culturally and linguistically diverse background

Please specify:

Does the client have a disability, or any other mental and/or physical health presentations?

Yes

No

Prefer not to say

Not known

If yes, please specify:

Does the client have any literacy limitations:

Reading difficulties

Writing difficulties

Unable to read or write

Prefer not to say

Not known

Other

Is the client subject to any Family Violence Orders?

Yes

No

If yes, please provide details including date of expiry and any exclusions/restrictions on areas/people:

This information will help us assess for conflicts of interest.

If the client is subject to a Community-based Order, please specify:

Community Service

Community Corrections Order

Home Detention

Court Mandated Diversion and Drug Treatment Order

Parole

Other

Please provide Community-based Order details:

If the client is currently in prison, where are they housed?

Ron Barwick Minimum Security Prison

Risdon Prison Complex

Mary Hutchinson Women's Prison

Hobart Reception Prison

Southern Remand Centre

Other

Current sentence details:

E.g. offending type, sentence length, earliest release date, parole eligibility date.

Other (please indicate):

E.g. on bail, pre-sentencing, charged but not convicted, transferring from juvenile justice, high risk of entering system.

Has the client engaged in any mental health, rehabilitative, or other treatment programs/groups?

No

Other

What are the client's key difficulties at present?

I.e., mental health; self-harm; drug & alcohol; homelessness; depression; hallucinations; flashbacks; self-regulation; delusions; etc.
Please include frequency, duration and severity of symptoms/behaviours.

Is this a first disclosure?

Yes

No

Unknown

Please provide any relevant information regarding sexual assault history if possible:

E.g. historical, current, ongoing, single or multiple instances etc.

Are there any safety issues for the client?

I.e. threat of further sexual assault/abuse, etc

What is the client's support network?

What are the client's strengths/ current coping strategies?

Are there any additional factors that have led to the client seeking a referral?

Does the client need support to access SASS?

E.g. disability, interpreter, support person, medical, cultural, anxiety/mental health, etc.

Are there any indications for safety issues for SASS workers with the client?

E.g. anger issues, psychosis, client views worker as threat etc.

What is the best time/days for SASS appointments?

What are the preferred modalities for SASS appointments?

- Face to Face
- Video call
- Phone call
- Combination

Does the client have reliable access to internet and technology?

- Yes
- No

What support is the client hoping to access

Trauma specific therapeutic support related to prior sexual harm
Redress Support
Unsure
Other

Does the client prefer a counsellor of a particular gender? (We will do our best to accommodate preferences wherever possible.)

Female
Male
Either
Unknown

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Referral taken by (SASS representative):

What is identified as the primary need for support?

Brief intervention
Comprehensive counselling service
Group / Wellbeing Program
Redress Scheme

Sexual Assault Support Service
114 Bathurst St, Hobart, 7000
Phone: (03) 6231 0044
24/7 MY SUPPORT: 1800 697 877

