



Adult referral form

Adult Counselling program and Redress Support Service

This form is for the use of professionals or service providers. For self-referrals please phone us (03) 6231 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 <https://www.sass.org.au/adult-counselling-program-and-redress-support-service>. For security reasons, do not email this referral form directly to us.

This form is to be used for referrals to SASS' **Adult Counselling program and Redress Support Service**.

Other referral forms are available from <https://www.sass.org.au/make-a-referral>

- General Children and Families Counselling Service.
- Forensic Therapeutic program.
- 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:

Day Month Year

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

When responding to this referral, who should we first make contact with?

Referrer

The client

Has the client accessed SASS previously?

Yes

No

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?

Client name:

First Name

Last Name

Age:

Date of Birth:

Day Month Year

Has the client experienced or witnessed Family Violence?

Yes

No

Unknown

If yes, is this:

Current

Historic

Phone Number

Area Code

Phone Number

Is this a safe number to receive calls, texts and voice messages?

Yes

No

Email

example@example.com

Does anyone else have access to this email account that may compromise the client's privacy?

Yes

No

Residential address

Street Address

Street Address Line 2

Town/Suburb

State

Post Code

Preferred form of contact

Phone

Email

Is it safe to send hard copy mail to this address?

Yes

No

Postal address

Same as residential address

Street Address

Street Address Line 2

Town/Suburb

State

Post Code

Is it safe to send hard copy mail to this address?

Yes

No

Who else resides with the client?

If the client has a significant support person or carer, please provide their details below.

Name

First Name

Last Name

Relationship to client:

Phone:

Area Code

Phone Number

Email:

example@example.com

Is the primary contact aware of all information on this referral form?

Yes

No

Will this person be organising the appointments at SASS?

Yes

No

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

Please provide details of the sexual assault history if possible:

Did the abuse include any technology-facilitated abuse? If yes, did it involve:

- Coercive control
- Image based
- Online
- Online and image based
- Stalking/monitoring
- Other

Are there any safety issues for the client?

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

What is the client's support network (both social and professional)?

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

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

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 are the best times/days for SASS appointments?

What are the preferred modalities for SASS appointments?

Face to Face
Video call
Phone call
Combination

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

What is identified as the primary need for support?

Brief intervention
Comprehensive counselling service
Group / Wellbeing Program
Redress Scheme

Type a question

Referral taken by (SASS representative):

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Sexual Assault Support Service

114 Bathurst St, Hobart, 7000

Phone: (03) 6231 0044

24/7 MY SUPPORT: 1800 697 877



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

Other

Aboriginal and Torres Strait Islander

Torres Strait Islander

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

Have any of the following taken place:

Police Involvement

Forensic Medical Examination

Other