



Changing Ways Referral Form

This form is to support referral of men deemed at serious risk of causing family violence harm to Dardi Munwurro's Changing Ways family healing program. Changing Ways provides healing support for people impacted by family violence, and also seeks to engage the person who uses family violence in healing and behaviour change. Changing Ways accepts referrals from families where at least one partner (either the person who experiences violence or the person who uses violence) is Aboriginal. Changing Ways is only able to accept referrals from people at serious risk of violence when the person who uses violence is at least 18 years of age and is not currently engaged with another behaviour change service.

If a comprehensive family violence risk assessment for persons experiencing violence has been completed, please attach to this referral

Details of referral

Date of referral: ____/____/____

Self-referral: Yes No

How did the person know about Dardi Munwurro?

Where relevant, contact name: _____ Contact no: _____

Email: _____

Details of Person

Name: _____ Contact no: _____

Primary address: _____

Current location: _____

Person's date of birth (if known): ____/____/____

Is the person Aboriginal? Yes* No *If yes, do you know their mob?

What is their first language? _____

Do they require an interpreter or other communication assistance? Yes* No

*If yes please specify: _____

Do they identify as:

Man or male Woman or female Non-binary Prefers not to answer/unknown

If person uses a different term – please specify: _____

Do they have children? Yes* No *If yes:


How many children and what are their ages: _____

Are there any children in the persons care? Yes No *

*If no, whose care are the children in? _____

What is this caring person's relationship to the child(ren)? _____

Please provide details (names, ages) of children in the persons care (including stepchildren and other children)

DARDI MUNWURRO CHANGING WAYS REFERRAL FORM	558 HighStreet Preston, 3072 info@dardimunwurro.com.au 03 8456 3044	 <p>DARDI MUNWURRO <i>Building Stronger Families and Safer Communities</i></p>
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JULY 2024

Name	Date of Birth and/or age	Relationship to child (father, uncle, step father etc.)

Does the person have safe, stable housing? Yes No

If yes, please provide details about their current housing:

Aboriginal Housing Own your home Private Rental Public Housing Social Housing

If no, please provide details about their current housing

Does the person have family and/or community support? Yes No If yes, details:

Is the person known to frequent other communities? Yes* No

*If yes where? _____

Does the person live with a disability (including physical, intellectual, neurodiversity and Acquired Brain Injury)

Yes* No If yes please provide details: _____

Has the person been diagnosed with a mental illness? Yes* No

*If yes please provide details: _____

Is the person known to engage in harmful alcohol and/or other drug use? Yes* No

*If yes please provide details: _____

Does the person have a criminal history? Yes* No

*If yes please provide details: _____

Does the person have a history of incarceration? Yes* No

*If yes please provide details:

Details of person's Family Members - if known

*if there is more than one adult family member please copy this section and complete for each adult



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Name: _____ Contact no: _____

Primary address: _____

Current location: _____

Date of birth (if known): ____/____/____

Is the family member Aboriginal? Yes No If yes, do you know their mob? _____

What is their primary spoken language at home? _____

Does the family member require an interpreter or other communication assistance? Yes* No

*If yes please specify: _____

Are they on a bridging or temporary visa? Yes* No *If yes what type of visa? _____

Year of arrival in Australia: _____

Does the family member identify as:

Woman or female Man or male Non-binary Prefers not to answer/unknown

Family member uses a different term for their gender – please specify: _____

Do they have children? Yes* No *If yes:

How many children and what are their ages: _____

Are the children in their mother's care? Yes No*

*If no, whose care are the children in? _____

What is this person's relationship to the child? _____

Please provide details (names, ages) of children in the family member's care (including stepchildren and other children)

Name	Date of Birth and/or age	Relationship to child (father, uncle, step father etc.)

Does the family member have safe, stable housing? * Yes No ^

*If yes, please provide details about their current housing:

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REFERRAL FORM

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^If no, please provide details about their current housing

Does the family member have family and/or community support? Yes No

Does the family member live with a disability (including physical, intellectual, neurodiversity and Acquired Brain Injury)

Yes* No If yes please provide details:

PLEASE EMAIL THIS FORM WITH THE NECESSARY ATTACHMENTS TO:

changingways@dardimunwurro.com.au