



HOW TO FILL IN THIS FORM

1. Read all the program requirements on page 1.
2. Make sure to complete all the sections on this form.
3. Make sure you attach copies of all necessary documents
4. If you have any questions, please contact us before you submit this form.
5. Email the completed form and all necessary documents to:
intake@dardimunwurro.com.au
6. Referrals will not be accepted unless all the above has been completed.

For more info & if you have any questions:
1800 435 799 (24/7 line)



PROGRAM REQUIREMENTS

Dardi Munwurro offers a group-based **Healing and Behaviour Change Program** for Aboriginal men who use, are at risk of using or have been convicted of family violence. Dardi Munwurro's **Healing and Behaviour Change Programs** encourage and respectfully challenge men to take responsibility and be accountable for their actions. Our program supports men to take ownership and reconnect by working through three elements - the past, the present and the future, in a culturally safe environment. Men who participate in Dardi Munwurro's programs work towards:

- Strong spirit and strong culture
- Taking responsibility and being accountable
- Healthy relationships

Dardi Munwurro's **Healing and Behaviour Change Program** comprises:

- A formal intake and assessment process, including the individual's group readiness.
- A three or five day healing camp led by facilitators, Elders and traditional owners.
- Weekly group sessions led by experienced and trained facilitators.
- Ongoing informal connection with Dardi Munwurro.

To be eligible for acceptance into the program, a man must:

- Identify as being of Aboriginal and/or Torres Strait Islander descent.
- Be 18 years of age or over.
- At risk of using or using family violence.
- Be prepared to enter the Dardi Munwurro community program voluntarily.

Men with pending charges, warrants, family violence intervention orders and other court orders must disclose these and agree to release information to Dardi Munwurro during the intake process.

Referral and Intake Process for Dardi Munwurro Community Programs

1. Contact the Intake worker on 1800 435 799 to discuss the referral.
2. Email the completed documents to intake@dardimunwurro.com.au
3. Attend a Dardi Munwurro men's group intake and assessment process.

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

COMPLETE THIS FORM:

CLIENT DETAILS		Jaid No:
Name:	Date of Birth:	
Address: Postcode:	Identifies as an Aboriginal and/or Torres Strait Islander Yes / No	
	Who is your Mob/Tribe:	
Email:	Mobile:	
Have you previously heard of Dardi Munwurro?		Yes / No
If Yes, have you attended any of our programs?		Yes / No
Reason for Referral: 		
<p>The client is:</p> <input type="checkbox"/> Aware of, and understands, the program requirements. <input type="checkbox"/> Committed to making positive changes and creating a positive vision for the future. <p>The client is willing to:</p> <input type="checkbox"/> Attend 8 sessions plus a healing camp/workshop or attend 15 sessions (not required to attend camp/workshop) <input type="checkbox"/> Willing to attend programs alcohol and drug free as part of the ongoing group process. <input type="checkbox"/> Actively participate in all aspects of the program, including group activities. <input type="checkbox"/> Consent to a follow up period of 12-18 months. <p>Does the client have any of the following: (PLEASE ATTACH COPIES)</p> <input type="checkbox"/> Intervention Orders <input type="checkbox"/> Family Court Orders <input type="checkbox"/> Community Corrections Orders <input type="checkbox"/> Charges, Warrants or an Undertaking of Bail. <input type="checkbox"/> Alcohol or drug issues <input type="checkbox"/> Alcohol <input type="checkbox"/> Yarndi <input type="checkbox"/> Ice <input type="checkbox"/> Other () <p>AUTHORITY RELEASE OF INFORMATION CONSENT FORM</p> <input type="checkbox"/> The client has completed and signed the Authority Release of Information Form for the release of their: <ol style="list-style-type: none"> 1. Police, corrections, child protection, and court records 2. Medical history and medications record 		
Referrer Details		
Name:	Agency: Date Referral Made:	
Email:	Phone:	



Authority Release of Information Consent Form

Print Name:

I _____ consent for Dardi Munwurro to share the information I have provided in this assessment with other agencies that I am currently involved with and receive requested information from agencies that I am also involved & engaged with.

My rights and responsibilities have been explained to me.

Date of birth:

Signature:

Date:

OFFICE USE ONLY:

VERBAL CONSENT:

The client has agreed to give his verbal consent to share Information:

STAFF MEMBER DETAILS/ ORGANISATION: _____

Name:

Email/Mobile:

Signature:

Date: