

Referral Form

Date

Details of Person Seeking Assistance

First Name *(Legal)*

Surname *(Legal)*

Date of Birth

Pronouns

Current Address

Phone

Preferred time to call:

Email

Main Language

Interpreter Required Yes No

Safe to call Yes No

Safe to leave voicemail Yes No

Safe to email Yes No

Save to leave text Yes No

Urgency

Do you consider this referral to be urgent? *If yes, please briefly outline circumstances of urgency in the free text box below.*

Yes No

Did the act of sexual violence happen within the last 2 weeks? *If yes, consider an additional referral to the Sexual Assault Resource Centre (if they live in Perth or Peel) or contacting their local GP/hospital for a forensic medical examination.*

Yes No

Is the person (or a dependent in their care) at risk of violence from the other party/ies and needs help making an urgent application for a restraining order?

Yes No

Has the person reported the act of sexual violence to the police?

Yes No

Has the perpetrator been charged?

Yes No

Is there a court hearing in relation to the act of sexual violence happening within the next 4 weeks?

Yes No

If the perpetrator was charged, have court proceedings concluded?

Yes No

Other Party Details *(please provide information of any other persons involved in the legal proceedings i.e. children, partners)*

First Name

Surname

Date of Birth

Relation to referred person

First Name

Surname

Date of Birth

Relation to referred person

Referral Form

Additional Information

If there is any additional information you would like to add, please include it here:

Service Preference

SALSWA is a collaboration of three specialist services. Please select the organisation that you feel best suits your needs:



[Women's Legal Services WA](#) is the specialist legal service for victim survivors identifying as women.

Email referral to: salswa@wlswa.org.au or call 08 9272 8855



[Aboriginal Family Legal Services WA](#) is the specialist legal service for Aboriginal and Torres Strait Islander people.

Email referral to: legal@afls.org.au or call 1800 469 246 or (08) 9355 1502



[Ruah Legal Services](#) is the specialist legal service for victim survivors who identify as male, non-binary, and/or part of the LGBTQIA+ community.

Email referral to: legalservices@ruah.org.au or call 08 9328 8012

Referrer details (if not self-referred)

Full Name

Position/Role

Organisation

Phone

Email

Does the person seeking assistance consent for you to complete

this referral on their behalf?

Yes

No

Does the person seeking assistance consent for the release of their information to the Sexual Assault Legal Service?

Yes

No

Does the person seeking assistance consent for the Sexual Assault Legal Service to contact them?

Yes

No

