

## WOMEN'S LEGAL SERVICE

### Financial Abuse Prevention Unit – Referral Form for Financial Counselling

#### Eligibility Criteria:

- Female (including anyone who identifies as female)
  - Experiencing or has experienced **Domestic and/or Family violence**
  - Requires financial counselling about **debt, bankruptcy, debt agreements, financial abuse, SPER debt or victims assist application**
1. If you have any questions about referrals, please contact the financial counsellor on 0460 312 456
  2. **Email** this form and any supporting documents to [fapu@wlsq.org.au](mailto:fapu@wlsq.org.au)

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_ Client phone number: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Client email: \_\_\_\_\_

Is the matter **urgent**?  Yes  No | Reason for Urgency: \_\_\_\_\_

Other parties involved in the matter (i.e. Spouse/Partner): *(this information is essential for conflict checking purposes)*

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Separation Date: \_\_\_\_\_ Children Details (Name and DOB): \_\_\_\_\_

#### THE FOLLOWING QUESTIONS MUST BE COMPLETED PRIOR TO REFERRAL BEING ACCEPTED

If we need to contact the client, is it **safe** to:  Call  Email  Mail  SMS  Leave a message

Indigenous Status:  Aboriginal  Torres Strait Islander  Neither Aboriginal or Torres Strait Islander

Disability Status:  Yes  No If yes, disability type: \_\_\_\_\_

Interpreter Required?  Yes  No Language spoken: \_\_\_\_\_

Main source of income:  Paid employment  Centrelink  Other  Nil Income: \_\_\_\_\_

#### BRIEF SUMMARY OF WHAT CLIENT WOULD LIKE ASSISTANCE WITH:

---



---



---



---

#### IF APPLICABLE: Debt Summary

Type of Debt:	Amount Owed:	Owed to:
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### REFERRER DETAILS:

Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Client consent provided for referrer to discuss referral with WLS:  Yes  No



**Additional Information** (*if required*):