

## Specialist Victims Support Service

### Self-referral form

#### Victim's details

Title	Full name		
Date of birth (dd/mm/yyyy)	Gender		
Residential address			
Postal address <i>(if preferred address for correspondence)</i>			
Contacts	Landline	Mobile	
	Email address		
Are you of Aboriginal or Torres Strait Islander origin?			
	No	Yes, Aboriginal	Yes, Torres Strait Islander
Are you from a culturally and linguistically diverse background?			Yes      No
Do you require an interpreter?	No	Yes ► Preferred language	
Do you have specific needs, for example disability?			
Name of Forensic Patient			
Relationship to Forensic Patient <i>(if relevant)</i>			
<i>If client has an existing Victims Services claim, please list here</i>			

#### Preferred contact:

Landline	Mobile
Preferred time of contact (between 9am and 5pm)	
I agree the team can leave a voicemail if unable to make phone contact	
Email	Post

If Family Victim	Victim's name	Relationship to victim
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### Eligibility

A victim of an act of violence (primary victim), or a victim is who is a **family member** of a primary victim who died as a result of the act of violence (family victim).

**Family member** includes:

- The victim's spouse
- The victim's de-facto spouse, or same sex partner who has lived with the victim for at least two years
- A parent, step-parent or guardian of the victim
- A child or step-child of the victim, or other child of whom the victim was the guardian
- A brother, sister, half-brother, half-sister, step-brother or step-sister of the victim

### Eligibility criteria

The client is a victim of an act of violence (primary victim)

The client is a family member of a primary victim who died as a result of the act of violence (**family victim**)  
(Refer to SVSS Fact Sheet for explanation of **family victim**)

The act of violence is, or is likely to be, an indictable offence (heard in the District or Supreme Court) **and**

The person accused of committing the act of violence:

has, or may have, a mental health impairment and/or cognitive impairment (MHCI) and

has been, or may be, considered and managed under the *Mental Health (Forensic Provisions) Act 1990* (MHFPA)

Documents attached to support referral

### Referrer's details

Name	Organisation (if applicable)	
Address		
Contacts	Landline	Mobile
	Email address	

The personal information relating to a victim that is provided to the Specialist Victims Support Service is confidential and cannot be disclosed to any other person or agency without the consent of the victim or unless required by law.

*Signature*

*Date signed*

*Thank you. A member of our team will be in contact with the client to discuss further.*