

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

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*):