Karlup Service Self-Referral Form

RUAH COMMUNITY SERVICES

The Karlup Service provides healing and recovery support for women and children affected by Family and Domestic Violence. Karlup Service is not a crisis service. Please refer accordingly. Email this Referral to: dutykoortaguide@ruah.org.au

MANDATORY ELIGIBILITY CRITERIA:

- ☐ I identify as a woman
- ☐ I am 18 or older
- ☐ I am currently safe / not in immediate risk of harm
- ☐ I am affected by Family and Domestic Violence
- ☐ I do not require emergency accommodation

PERSONAL DETAILS

First Name:

Last Name:

Preferred Name:

Date of Birth:

Phone Number:

Email:

Do you require an interpreter?

☐ No ☐ Yes If yes, please add languages required

SUPPORT REQUIRED

- ☐ Alcohol and drug support
- ☐ Financial counselling
- ☐ Medical practice
- ☐ Counselling
- ☐ Healing and recovery programs
- ☐ Peer support
- ☐ Dental service
- ☐ Legal advice
- ☐ Other / Not Sure

Everyone, regardless of ability, age, culture, gender, race, sexual identity, or intersex status are free to be themselves. Free to celebrate our differences. We are building a workplace where difference is embraced and encouraged.

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REASON FOR REFERRAL

(Please provide a brief description of your current circumstances and reason for referral)

MANDATORY CONSENT DISCLOSURES:

- [ ] I give consent for the release of my information to Ruah
- [ ] I give consent for Ruah to contact me

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