

Women's Justice Network (WJN)

Mentoring Program Referral Form

Advancing the wellbeing and prospects of women affected by the criminal justice system.

PLEASE ENSURE ALL ENTRIES ARE COMPLETED

Date of referral:

Client

Client full name:

(including aliases):

DOB:

Gender: Female Intersex

LSIR (if available):

Cultural background:

Min:

Client address:

Postcode: Phone:

Program Eligibility

Client must answer yes to all.

In contact with the CJS or Committed a previous offence or At risk of custodial sentence

Voluntarily seeking support

Living in Sydney metropolitan or inner west of Sydney

18 and over

Current Living Situation

Private rental

Transitional centre

AOD rehabilitation

Correctional centre

Homeless

Is the person aware this referral is being made? yes no

Current Legal Status

Parole Probation Bond

Suspended sentence In custody

Previous contact with CJS Current contact with CJS

Custodial History

First time in custody: yes no

Most recent conviction:

Length of most recent conviction:

Date to be released from custody:

Number of previous incarcerations:

Please note the following questions do not exclude the person from the mentoring program.

History of violence:

History of a sex offence:

Why would this woman benefit from a mentor:

Referrer details

Name:

Organisation:

Position:

Phone:

Email:

Please fax the completed form to (02) 8011 0690 or email mentoring@wjn.net.au