



Women's Justice Network Referral Form

Program Eligibility

- Identify as Female
- Living in or returning to Sydney or Central Coast area
- 14 and over
- In contact with the criminal justice system or At risk of custodial sentence

Client

Name:

(Any aliases):

Date of Birth:

LSIR (If available):

Cultural Background:

Aboriginal Torres Strait Islander

Non-Indigenous Australia Vietnamese

Lebanese Other:.....

Min:

Email:

Current Legal Status

Parole Probation Bond

Remand Suspended sentence

Sentenced

Custodial centre (if applicable):

.....

Custodial History

First time in custody: Yes No

Most recent conviction:

.....

Length of most recent conviction:

ERD:

Number of previous incarcerations:

History of violence: Yes • No •

Provide details:

.....

.....

.....

Current Living Situation

- Correctional centre
- Transitional centre
- AOD centre
- Private rental
- Crisis accommodation
- Temporary accommodation
- Homeless
- Housing NSW Property

Client Address (If in the community or returning to the community)

.....

.....

.....

Phone:

Referrer details

Name:

Organisation:

Position:

Phone:

Email:

Date of referral:

Signature:

Is the person aware this referral is being made and are they voluntarily seeking assistance?

Yes No

Please send this completed form by email to mentoring@wjn.net.au
(02) 8011 0699