



PartnerSPEAK REFERRAL FORM

Please email referrals to support@partnerspeak.org

Self referrals are very welcome! Please call our Peerline on 1300 590 589 during the following times, or use the webchat function accessible via our forum website to speak with a peer support worker.

Tuesday 10am - 1pm AEST

Wednesday 6pm - 9pm AEST

Thursday 3pm - 7pm AEST

If you are making a referral on someone else's behalf, please check for their consent, and note that we support the non-offending partners, family members, friends, or anyone else who is affected by a person's involvement in child sexual abuse and child exploitation material.

PRIVACY

PartnerSPEAK respects your privacy and confidentiality. We are required to handle all personal information in accordance with the Privacy Act 1988 (Cth) and the Privacy and Data Protection Act 2014 (Vic). PartnerSPEAK follows information handling and storage protocols to protect the confidentiality of all people we support. Please contact us for a copy of our Privacy Policy and Complaints Policy which give more information about your right to privacy.

PartnerSPEAK receives referrals from other agencies including law enforcement agencies. When we take a referral from another agency, we do not report back to them anything about what you have told us, or the support we have provided to you.

Referring person/service

Referred by	
Referring service	
Referring persons' email address	
Referring persons' phone number	
Date of referral	



Referral

OK to call	
Ok to leave message	
Brief outline of reason for referral	

Referred person

Has the referred person provided consent to be contacted?	
Name	
Phone number	
Email (if preferred contact method is email)	