

# PartnerSPEAK GENERAL REFERRAL FORM



Please email referrals to [support@partnerspeak.org.au](mailto:support@partnerspeak.org.au)

*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.

Monday 9.30am - 1.30pm AEST

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 (if applicable)	
Referring persons' email address	
Referring persons' phone number	
Date of referral	

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## Referral

OK to call	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ok to leave message	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brief outline of reason for referral		

## Referred Person

Has the referred person provided consent to be contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		
Phone number		
Email (if preferred contact method is email)		
Best time/day to contact		