



Form 1A: Intake

You are welcome to contact Pathways for a consultation about this form prior to submitting on 03 7064 3940 or info@pathwaysvictoria.com. We can also assist with completion of this form by phone or in person.

24/7 support

If you need immediate help to manage the emotional impact of applying for redress, 24 hour telephone assistance is available through:

- *Beyondblue: 1300 224 636*
- *MensLine Australia: 1300 789 978*
- *Suicide Call Back Service: 1300 659 467*
- *1800RESPECT: 1800 737 732*
- *Lifeline: 13 11 14.*

Pathways Victoria is subject to legislated child safety reporting obligations.

Part 1: Referrer Details

(only applicable if you are making this referral on behalf of someone else)

Referrer Name	
Referrer Role	Click or tap here to enter text.
Organisation	Click or tap here to enter text.
Phone	Click or tap here to enter text.
Email	Click or tap here to enter text.
Date of Referral	Click or tap here to enter text.

Pathways Victoria is committed to our organisational values of compassion, respect, accountability and fairness for all people who seek our service and support. This relationship commences from the first point of contact and as such we hold client consent for referral to our service as paramount.

A referral to Pathways cannot proceed without the client consenting to the referral. Please confirm you have informed consent to refer the client to Pathways.

Yes: No:

Evidence of consent may include written/verbal consent in the form of your agency's authority to release and exchange information. Alternatively, Pathways can provide an Authority to Release and Exchange information form.

Part 2: Client Details

Upon submitting this form you acknowledge that your name and date of birth will be exchanged with the relevant Participating Church Authority.

Full name	Click or tap here to enter text.
Peferred name	Click or tap here to enter text.
Date of Birth	Click or tap here to enter text.
Sex	Click or tap here to enter text.
Preferred Pronoun (He/His, She/Her, They/Them)	Click or tap here to enter text.
Email	Click or tap here to enter text.
Contact Number	Click or tap here to enter text.
Permission to send texts and/or leave voicemail?	Click or tap here to enter text.
Permission for Pathways to identify themselves in all contact?	Click or tap here to enter text.
Preferred method of communication?	Click or tap here to enter text.
Aboriginal or Torres Strait Islander?	Click or tap here to enter text.
Residential Address	Click or tap here to enter text.
Postal Address (if different from above)	Click or tap here to enter text.

Part 3: Personal Support/Guardian/Carer Details

Name	Click or tap here to enter text.
Email	Click or tap here to enter text.
Contact Number	Click or tap here to enter text.

Part 4: Purpose of Referral

What has prompted the referral to Pathways Victoria? (please provide a brief outline of the misconduct)	Click or tap here to enter text.
Can you identify the name of the church personnel and participating church authority?	Click or tap here to enter text.
Has the matter been reported to Victoria Police? (Pathways encourages all allegations of criminal abuse to be reported to police through sanotaskforce@police.vic.gov.au or call 1800 110 007 . Alternatively any local police station).	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please advise below if the police matter has been finalised, or is still under investigation.
Has the matter been heard through the National Redress Scheme?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Has the matter been heard through the Melbourne Response or Towards Healing?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Has the matter been the subject of a legal claim or civil litigation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Part 5: Health and Wellbeing

Are there any current mental, physical or emotional health concerns?	Click or tap here to enter text.
Do you (or your client) have a disability? If yes, how best may we support you?	Click or tap here to enter text.
Are you (or your client) receiving any professional therapeutic support? (please provide details of treatment and provider)	Click or tap here to enter text.
Are there any current safety concerns?	Click or tap here to enter text.

Part 6: Further Information

Is there anything else that is important for Pathways Victoria to know about your/client's situation that would be helpful to support the referral?	Click or tap here to enter text.
---	----------------------------------

Part 7: Privacy and Collection Statement

Pathways Response Victoria Ltd (ACN 654 682 481)(Pathways) is collecting your personal information in order to investigate your disclosure of abuse by a person who is a member of church personnel in relation to a participating church authority and to provide you with support and care co-ordination services. Pathways will not be able to investigate your disclosure or provide you with services if it is not able to collect this information. Pathways may also collect personal information about you from Carelink. Pathways is likely to collect personal information from third parties such as medical providers for this purpose. As noted above, Pathways may disclose your personal information to its associated entities and third party service providers for purposes such as investigating the abuse detailed in your disclosure, eg when appointing an independent investigator.

Our privacy policy (available at www.pathwaysvictoria.com/resources) states how you can seek to access or correct any personal information Pathways holds about you, how to complain about a privacy breach by Pathways and how Pathways will deal with a privacy complaint. You can contact our Privacy Officer at info@pathwaysvictoria.com or on 03 7064 3940.

Part 8: Contact

Once you have completed this form, please email it to info@pathwaysvictoria.com and Pathways Victoria will be in touch with you as soon as possible.

Signature: _____

Date: _____