



The EVE Project - Referral Guidelines

About

Representing Equality, Value and Empowerment, The EVE Project is a 12-month trauma healing and pathways to purpose group program for women who have experienced abuse (group size: max. of ten). Delivered by Hopefield Services, the program offers women a holistic and client centered experience in a safe and nurturing environment designed to support them as they reclaim their lives, continue to heal and build a sustainable future for themselves and their children.

Program Criteria, who should apply:

- Women aged 18+ with a trauma/abuse history
- Applicants must have stable housing
- Be working with a counsellor/psychologist
- Women at least 12 months post abuse
- Applicants willing to explore healing and future purpose

Preferred but not essential, applicants should:

- Have Case Management Support in place
- Have childcare in place for any child/ren in their care

The program* includes:

- Work readiness training
- Life skills development
- Well-being sessions
- Complementary Therapies
- Supported activities relevant to individually identified goals
- Pathways to future employment/training/study/volunteer
- One-to-one coaching based on life purpose goals (including employment)

**Some elements of the program are delivered by partner organisations/therapists*

How to refer

Self-referral

1. For initial enquiries about program availability and suitability, please contact Helen Dwyer at helen.dwyer@hopefield.org.au or on 95450299 (available Tuesdays & Wednesdays)
2. Complete referral form and forward to helen.dwyer@hopefield.org.au
3. Dependent upon program availability and suitability an appointment will be scheduled for a program assessment

Professional referral

GP's, Allied Health Professionals, Job Service Providers, community-based agencies and educational institutions can all refer to The EVE Project using the Referral Form attached.

Please note: This application/referral does not guarantee entry into the program. Applicants will be invited to attend an assessment interview to determine if the program is the correct fit for them. The results of the assessment will be shared with each applicant and referrer within 5 working days of the interview.

Application/Referral Form

Please ensure you have read and understood the attached Referral Guidelines prior to completing this referral.
Please forward completed referral to helen.dwyer@hopefield.org.au

Receipt of your referral will be acknowledged within 5 working days

| | |
|--|--|
| Date of Referral: | Consent obtained for referral? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please note: Referrals will not be accepted without the signed consent of the woman being referred | |
| Referrer Details | |
| Name: | |
| Org: | Position: |
| Address: | Email: |
| Phone: | Mob: |
| Applicant Details | |
| Name: | DOB: |
| Address: | Preferred Contact (eg: phone, mobile, email, post): |
| Name of NOK/Emergency Contact: | Relationship: |
| | Contact Phone: |
| Indigenous/Cultural Identity: | |
| Life stage status eg: married, single etc | |
| Do you have children? Y/N | |
| If yes, how many? | |
| Are the children in your care? | |
| Ages, names & DOB: | |
| Is there childcare in place? Y/N | |
| If yes, how many days? | |
| Is out of hours childcare support available? | |
| Childcare details: | |
| How long has the applicant been removed from the abusive relationship/situation? | |
| Does the applicant have an existing GP? If yes, please provide details below. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Above (as per referrer details) |
| Name: | Surgery/Practice/Clinic: |
| Address: | Phone: Email: |
| Does the applicant have a therapist? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Above (as per referrer details) |



| | |
|---|---|
| | <input type="checkbox"/> Psychologist <input type="checkbox"/> Counsellor <input type="checkbox"/> Other (Please specify) |
| Name: | Surgery/Practice/Clinic: |
| Address: | Phone: Email: |
| Does the applicant have a Case Manager? Name: | Contact Details: |
| Is the referee linked in with any other services? | If yes, please provide details: |

Reason/s For Referral

Please include here any information which may be useful as background information to assist with the referral. In addition to general information, please provide details about history/current status relating to the following areas:

Trauma/abuse history:

Mental Health history:

Drug and Alcohol use:

Vocational/Educational background:

General Medical/Physical Health:

Past/current risk assessments, AVO's or ADVO's (Please provide copies of current AVO/ADVO's):

Consent to Referral

The EVE Project Referral Form collects information to assist The EVE Project facilitators to appropriately assist women as they undertake our trauma healing/pathways to purpose program.

All information will be treated confidentially and will not be used for any other purposes than what is stated on our confidentiality statement and consent form (signed at first appointment).

I am aware that this referral is being made. I understand that I can withdraw from this referral or from the referred service at any time.

Signed: _____ Print Name: _____

Date: _____