



Personal Safety Initiative (PSI) Response Application

Consumer:

Name

DOB

Gender

UR Number

Client details:

Address			
Accommodation type	Public rental Private rental	Family/owned property Other	
Telephone			
Email			
Does the client identify as Aboriginal or Torres Strait Islander	Aboriginal	Torres Strait Islander	Both Neither
Ethnicity		Main language spoken at home	
Does the client have a disability	Yes	No	
If yes, state nature of disability			
Does the client have a carer	Yes	No	
Do children reside in the home	Yes	No	
If yes, are the risks specific to the children	Yes	No	
Service type	Information	Advice	Referral

Option 1 – PSI audit:

Home safety and security	Yes	No	If yes, go to section 3
--------------------------	-----	----	-------------------------

Option 2 – Personal Safety Device (PSD) – 3-month monitoring extension

3-month review of PSD where required	Yes	No
Case Manager rationale for the extension of PSD monitoring for an additional 3-months		
Rationale provided by the PSI Coordinator		

Section 3 – Risks:

Client risk category	At risk Serious risk Elevated risk Requires immediate protection High risk panel
Urgent application	Yes No If yes, why
Current risks requiring a PSI response	
Is there an exclusionary FIVO	Yes No If no, why

Referring agency information:

Referral date			
Organisation			
Case Manager			
Telephone		Email	
Eligibility	Victim Survivor meets PSI eligibility requirements	Yes	No
Consent	Case Manager has ensured Victim Survivor understands the potential impacts of the PSI response	Yes	No
MARAM	Risk and Needs Assessment in line with MARAM attached	Yes	No

Consent:

I, _____ (Victim Survivor) provide informed consent for all components of the PSI response being implemented. The Case Manager has discussed the potential impacts and outcomes of a PSI response.

These include the following:

- the potential cost of a PSI response (including a safety and security audit) in the context of a Flexible Support Package (FSP)
- the requirement for a safety and security audit which involves an Auditor attending their property
- information about the installation of security technologies and options relating to leasing and/or external monitoring of these technologies
- the potential for recordings or other evidence to be subpoenaed (by parties including Police, Child Protection and the Perpetrator’s Lawyer)
- that information about the Perpetrator and Victim Survivor will be shared between agencies for the purposes of assessing and managing risk and increasing safety (this may include requesting further information via the Information Sharing Scheme if required)
- consideration of the potential impacts of the surveillance and monitoring of any children or young people in the home associated with implementing a technology response such as CCTV
- that Victim Survivors receiving a PSI response that includes leasing and/or external monitoring of technology (such as CCTV, a PSD or property alarm) must consent to a reassessment of their eligibility and suitability no longer than 3-months after the initial date of installation if the costs of leasing and/or external monitoring are being addressed through the use of FSP funds

Victim Survivor (signature)

Date

Verbal consent:

- **SHOULD ONLY BE USED WHEN NOT PRACTICABLE TO OBTAIN WRITTEN CONSENT FROM THE CLIENT**
- I have discussed the PSI referral with the client. I am satisfied my client understands the above consent and has provided informed consent

Completed by:

Case Manager name		Position	
Case Manager signature		Date	

Please email completed form to: psi@glch.org.au

To be completed by PSI Coordinator:

Victim Survivor meets PSI eligibility requirements	Yes	No	Approved for PSI audit by PSI Coordinator	Yes	No
PSI Coordinator rationale:					

Signed by PSI Coordinator		Date	
---------------------------	--	------	--

PSI Coordinator to sign, date, upload form to client file and email to referring Case Manager if required