

Digital Delivery Referral Guidelines – Self/Family

About Brave Foundation and SEPT Program

In the Support Expecting and Parenting Teens (SEPT) digital delivery program, Expecting and Parenting Teens are connected to a virtual mentor who assists the young parent by developing a pathway plan toward their goals. The core component of the program is a focus on the participant exploring education and pathways to employment and reducing barriers to these pathways. The Virtual Mentor provides general support and guidance, help navigating services and systems including practical support such as completing departmental paperwork and connecting the young parents with relevant services and support suited to the E&PT's personalised needs and goals.

Virtual mentoring refers to a process of mentoring where a professional mentor engages with participants through means of virtual communication such as internet-based tools such as e-mails, chats, social media networks, virtual platforms (i.e., Zoom, Teams), and telephone. The purpose of the Virtual Mentor role is to provide support to rural/remote/isolated participants via virtual delivery. A Virtual Brave mentor will hold one on one meetings with the E&PT's throughout the Brave Pathway Plan. The voluntary program is offered to participants for up to 12 months. The Brave Foundation is an Australian not-for-profit charity that aims to equip expecting and parenting teens with resources, referral, and education opportunities to facilitate happy, healthy, and skilled families over time.

The criteria for eligibility are:

- Age (under 19)
- Started Parenting at 19 or under
- Have access to a telephone and/or internet-based platforms
- Be residing in a rural or remote area, or be experiencing isolation due to other complexities (e.g. mental health

Brave Foundation is not a crisis service. If you have any immediate concerns regarding the safety or wellbeing of a young person, please call:

Kids helpline 1800 551 800 LifeLine 131 114 In an emergency 000

How to refer

Self-Referral/Family Referral

Young people are encouraged to make contact by

Download - Self/Family Referral form from

http://bravefoundation.org.au/support/sept-program/ Email – Referral form to SEPTProject@bravefoundation.org.au or direct to Brave's Virtual Mentor – katie@bravefoundation.org.au

Phone – Contact Brave HQ on 0448 088 380 or directly with Brave's Virtual Mentor Katie on 0499 225 737

Families, carers, or friends can refer a young person to **Brave Foundation**. The young person will need to be aware of the referral. Once the referral is received, a mentor will contact the young person within 24 to 48 hours.



Service Professionals

GP's, allied health professionals, community-based agencies and educational institutions can refer to **Brave Foundation** Service Provider Referral form at http://bravefoundation.org.au/support/sept-program/

Referrals can be emailed to <u>SEPTProject@bravefoundation.org.au</u> or sent direct to Brave's Virtual Mentor – <u>katie@bravefoundation.org.au</u>

Once a referral is received it is reviewed by the Brave team or mentor within 48 hours and the pathway is determined. Our aim is to offer a space in the SEPT Program to young parents, however at times our mentors are at capacity and referrals will be placed on a waitlist until a place becomes available. We aim to offer some feedback to the referrer or connect the young parent to support services in their regions if we are unable to assist them.



SELF/FAMILY REFERRAL	
The application is for me: Y / N If no, please provide contact details (name/phone)	
Date of Application/Referral:	
Full Name:	
Gender	☐ Female☐ Male☐ Other and/or Non-Binary☐ Prefer not to say
Residential Address:	
City:	Postal Code:
Phone: home	Mobile:
Email Address:	
Date of Birth:	Age:
Program Referral Type	Digital (online only – phone/video)
Does the applicant currently attend school?	Yes - Current Year: No - Year Completed:
Currently Employed	Yes - Name of Employer: No
Currently Pregnant/Expecting	Yes – approx. due date: No
Other Child/children details (Names & DOB)	1. DOB 2. DOB
Cultural Identity or identifies as:	 □ Non- Aboriginal/TSI □ Aboriginal □ Torres Strait Islander □ Aboriginal/Torres Strait □ Other
Does the applicant identify with the following? What are the applicants preferred pronouns?	☐ LGBTIQ+ ☐ She/her ☐ He/Him ☐ They/them ☐ other
Language/s Spoken:	
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Is an Interpreter required? If yes, what language?	
Country of Birth:	
Diagnosed Conditions: E.g., medical, disability, mental health	
Does the applicant have a partner?	Yes – Partner's Name: No
Is the mother/father of baby/child involved?	Yes – Name: No – but would like them to be involved in the program. No – do not want them involved
How did you discover the SEPT Program?	
Which best describes the reason for the applicant being part of the SEPT Program?	 □ Build relationships with Mentor/other participants □ Personal interest and skills development □ Prepare for further education/work □ Satisfy requirements of ParentsNext □ Satisfy requirements of Community Services □ Parenting support □ Work on my own personal goals □ Other
What would the applicant like help with?	
What are the applicant's goals?	
Are there any worries about safety? (Note: Brave is not a crisis service – in an emergency please phone: Kids helpline 1800 551 800 / Lifeline 131 114 / 000)	Y/N
If yes, what are the worries?	

The information that we collect from you on this form includes your personal information. Your personal information is protected by law, including by the Commonwealth Privacy Act