



BRAVE

REFERRAL AND APPLICATION FORMS

Referral Guidelines – Self/Family

About Brave Foundation and SEPT Program

Brave Foundation is an Australian not-for-profit charity that connects expecting and parenting teens with resources, referral, and education opportunities to facilitate happy, healthy, and skilled families over time.

In the Support Expecting and Parenting Teens (SEPT) program, Expecting and Parenting Teens are connected to a mentor who assists the young parent by developing a pathway plan towards goals, providing practical help around pregnancy and parenting such as attending health-check appointments, providing general support and advice, and connecting the young parents with relevant services and support suited to the E&PT's personalised needs and goals. The SEPT Program is voluntary.

The criteria for eligibility are:

- Age (under 19)
- Receiving Parenting Payments (started receiving at 19 or under)
- Receiving Income Support Payments (started receiving at 19 or under)
- Meet Geographic eligibility (within Program Service Area)
- Does not meet the above criteria, but under 25 years (may be eligible as a Connecting Participant – meeting quarterly with mentor)

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 the mentor in your region

Phone – Contact Brave HQ on 0448 088 380 or directly with the mentor in your region

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 SEPTProject@bravefoundation.org.au or sent directly to the mentor in your region

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.



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SELF/FAMILY REFERRAL	
Date of Application/Referral:	
The application is for me: Y / N If no, please provide contact details (name/phone)	
Full Name: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other and/or Non-Binary <input type="checkbox"/> Prefer not to say	
Residential Address:	
City:	Postal Code:
Phone: home	Mobile:
Email Address:	
Date of Birth:	Age:
Program Referral Type	<input type="checkbox"/> Intensive (meeting monthly) <input type="checkbox"/> Connected (meeting quarterly) <input type="checkbox"/> Digital (online only – phone/video)
Does the applicant currently attend school?	<input type="checkbox"/> Yes - Current Year: <input type="checkbox"/> No - Year Completed:
Currently Employed	<input type="checkbox"/> Yes - Name of Employer: <input type="checkbox"/> No
Currently Pregnant/Expecting	<input type="checkbox"/> Yes – approx. due date: <input type="checkbox"/> No <input type="checkbox"/> Other Child/children details: (Names & DOBs)
Cultural Identity or identifies as:	<input type="checkbox"/> Non- Aboriginal/TSI <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal/Torres Strait <input type="checkbox"/> Other
Does the applicant identify with either of the following? What are the applicants preferred pronouns?	<input type="checkbox"/> LGBTQI
Language/s Spoken:	
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?	<input type="checkbox"/> Yes – Partner’s Name: <input type="checkbox"/> No
Is the mother/father of baby/child involved?	<input type="checkbox"/> Yes – Name:



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	<input type="checkbox"/> No – but would like them to be involved in the program. <input type="checkbox"/> 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?	<input type="checkbox"/> Build relationships with Mentor/other participants <input type="checkbox"/> Personal interest and skills development <input type="checkbox"/> Prepare for further education/work <input type="checkbox"/> Satisfy requirements of ParentsNext <input type="checkbox"/> Satisfy requirements of Community Services <input type="checkbox"/> Parenting support <input type="checkbox"/> Work on my own personal goals <input type="checkbox"/> Other
What would the applicant like help with?	
What are the applicant's goals?	
Are there any worries about safety? <small>(Note: Brave is not a crisis service – in an emergency please phone: Kids helpline 1800 551 800 / Lifeline 131 114 / 000)</small>	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