



# REFERRAL AND APPLICATION FORMS

## Referral Guidelines – Service Providers

### 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

#### 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](mailto:SEPTProject@bravefoundation.org.au) or sent directly to the mentor in your region.

#### 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](mailto: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.

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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SERVICE PROVIDER REFERRAL	
Date of Application/Referral:	
APPLICANT'S PERSONAL DETAILS	
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 (meetings 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 your 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: <input type="checkbox"/> No – but would like them to be involved in the program. <input type="checkbox"/> No – do not want them involved



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REFERRAL ORGANISATION DETAILS
Organisation/Individual Name:
Contact Number:
Email:
How did you discover the SEPT Program?
Please provide brief history of the nominated, referred applicant, inclusive of any relevant health, safety risks or barriers in relation to engagement in the program:
Key Support areas for Referral: (please tick all that apply) <ul style="list-style-type: none"><li><input type="checkbox"/> Parenting support</li><li><input type="checkbox"/> Homeless/ At Risk of Homelessness / accommodation assistance</li><li><input type="checkbox"/> Financial support / budgeting and managing money</li><li><input type="checkbox"/> Family Relationships</li><li><input type="checkbox"/> Child Protection/Child services Involvement</li><li><input type="checkbox"/> Disengaged from Education/Reengagement to Education</li><li><input type="checkbox"/> Employment assistance / return to work</li><li><input type="checkbox"/> Risk Taking Behaviours</li><li><input type="checkbox"/> Unhealthy / Violent relationship</li><li><input type="checkbox"/> Mental Health Concerns</li><li><input type="checkbox"/> Alcohol &amp; Other Drug use</li><li><input type="checkbox"/> Addiction support</li><li><input type="checkbox"/> Disability issues</li><li><input type="checkbox"/> Socialisation issues</li><li><input type="checkbox"/> Health care</li><li><input type="checkbox"/> Access to other community or government services</li><li><input type="checkbox"/> Other (please specify):</li></ul>
Has the referred applicant, provided verbal and/or written consent to the sharing of their personal information being shared between your primary organisation and Brave Foundation? <ul style="list-style-type: none"><li><input type="checkbox"/> No – consent is required to proceed with the application/referral process</li><li><input type="checkbox"/> Yes - Verbal Consent provided</li><li><input type="checkbox"/> Yes - Written Consent provided</li></ul>
If a Home Visit is required to facilitate an applicant's introduction and onboarding to the Program, are you willing and able to attend the first home visit with a Brave mentor? <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No – please provide reason, or details of another authorised/appropriate person to attend.</li></ul>
Is the applicant current involved in ParentsNext? <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul>



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<b>Please indicate below any information relative to the young person:</b> (Note: Brave is not a crisis service – in an emergency please phone: Kids helpline 1800 551 800 / Lifeline 131 114 / 000)	
Domestic Violence	<i>E.g. Current DVO no contact with ex-partner</i>
Substance Abuse	<i>E.g. Previous marijuana use – no use since xxx</i>
Child Safety Intervention	
Mental Health	
Housing Issues/homelessness	
Youth Justice / Criminal History	
Disability	
Other	

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