



REFERRAL AND APPLICATION FORM

Referral Guidelines for Service Providers

About Brave Foundation and SEPT Program

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.

In the core program, Supporting Expecting and Parenting Teens (SEPT) program, young people are connected to a professional mentor who assists them by developing a pathway plan to guide the young parent in working towards their goals. The program includes a focus on the participant exploring education and pathways to employment and being supported to take action to reduce and overcome barriers to these pathways. The Mentor provides practical help and access to information in relation to pregnancy and parenting such as encouraging attendance at health-check appointments, providing general support and non-clinical guidance, and connecting young parents with relevant services and support suited to their personalised needs and goals. The SEPT Program is voluntary.

The criteria for eligibility are:

- Age (under 19)
- Under 25 years and became a parent at 19 or under

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 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 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 3 business days.

Once a referral is received it is reviewed by the Brave team or mentor within 3 business days suitability for the program is determined. Our aim is to offer a space in the SEPT Program to all young parents who fit our criteria, 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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Date of Application/Referral:	
The application is for me: Y / N If no, please provide contact details (name/phone)	
SERVICE PROVIDER REFERRAL	
Full Name:	
Gender	<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:	Mobile:
Email Address:	
Date of Birth:	Age:
Program Referral Type	<input type="checkbox"/> Face to Face (meeting monthly in person) <input type="checkbox"/> Digital (online only – phone/video)
Does the applicant currently attend school?	<input type="checkbox"/> Yes - Current Year level: <input type="checkbox"/> No - Year level completed:
Currently Employed	<input type="checkbox"/> Yes Name of Employer/Position: <input type="checkbox"/> No
Currently Pregnant/Expecting	<input type="checkbox"/> Yes – approx. due date: <input type="checkbox"/> No
Other Child/children details (Names & DOB)	Childs Name: Childs DOB:
	Childs Name: Childs DOB:
	Childs Name: Childs DOB:
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 <input type="checkbox"/> Prefer not to say
Does the applicant identify with the following? What are the applicants preferred pronouns?	<input type="checkbox"/> LGBTIQ+ <input type="checkbox"/> She/her <input type="checkbox"/> He/Him <input type="checkbox"/> They/them <input type="checkbox"/> other



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Language/s Spoken:	
English is first language:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an Interpreter required? If yes, what language?	
Country of Birth:	
Any religious/cultural requirements?	
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 to discuss further with Mentor <input type="checkbox"/> No, and would not like to discuss further
Which best describes the reason for the applicant being part of the SEPT Program?	Please select up to 3 that best describe the reason for applying <input type="checkbox"/> Work on my own personal goals <input type="checkbox"/> Social <input type="checkbox"/> Gaining support for parenting and raising happy healthy family <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"/> Other
What would the applicant like help with?	
What is the applicant’s immediate and longer-term goals?	
Are there any concerns 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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the concerns?	



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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"><input type="checkbox"/> Parenting support<input type="checkbox"/> Homeless/ At Risk of Homelessness / accommodation assistance<input type="checkbox"/> Financial support / budgeting and managing money<input type="checkbox"/> Family Relationships<input type="checkbox"/> Child Protection/Child services Involvement<input type="checkbox"/> Disengaged from Education/Reengagement to Education<input type="checkbox"/> Employment assistance / return to work<input type="checkbox"/> Risk Taking Behaviours<input type="checkbox"/> Unhealthy / Violent relationship<input type="checkbox"/> Mental Health Concerns<input type="checkbox"/> Alcohol & Other Drug use<input type="checkbox"/> Addiction support<input type="checkbox"/> Disability issues<input type="checkbox"/> Socialisation issues<input type="checkbox"/> Health care<input type="checkbox"/> Access to other community or government services<input type="checkbox"/> Other (please specify):
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"><input type="checkbox"/> No – consent is required to proceed with the application/referral process<input type="checkbox"/> Yes - Verbal Consent provided<input type="checkbox"/> Yes - Written Consent provided
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"><input type="checkbox"/> Yes<input type="checkbox"/> No – please provide reason, or details of another authorised/appropriate person to attend.
Is the applicant current involved in ParentsNext? <ul style="list-style-type: none"><input checked="" type="checkbox"/> Yes<input type="checkbox"/> No



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Please indicate below any information relative to the young person:

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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	<i>E.g., Out of Home Care,</i>	
Mental Health	<i>E.g., issues/concerns</i>	
Housing Issues/homelessness	<i>E.g., Tenancy ending/debts/current supports</i>	
Youth Justice / Criminal History	<i>E.g., previous concerns/current concerns</i>	
Disability	<i>E.g., how this impacts education/employment</i>	
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