

Referral Guidelines & Form

Guidelines

Brave Foundation is an Australian not-for-profit that aims to equip expecting and parenting young people 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.

Brave is not a crisis service.

Eligibility Criteria

All participants must have an interest in undertaking or preparing for education, training or employment.

Priority criteria for eligibility are:

- Age (under 19) or aged under 25 years but became a parent at 19 or under

We also consider referrals from:

- Culturally & Linguistically Diverse (CALD) young parents aged under 25 who started parenting at 21 or under
- Aboriginal & Torres Strait Islander young parents aged under 25 who started parenting at 21 or under
- Parents with an intellectual disability aged under 25
- Parents who live in a remote or rural location and aged under 25 if there are limited services available.

How to Refer

All agencies and persons (including family members, carers, friends or young parents who are self-referring), can email this completed referral form to enrol@bravefoundation.org.au.

The young person **must be aware of the referral and consent to sharing information** with Brave.

Have you discussed this referral with the young parent? Yes No

Has the young person provided verbal or written consent to their personal information on this form being shared with Brave? Yes No

Referrals are reviewed weekly by a Central Intake Panel. A panel member will be in contact once the referral has been reviewed.



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Referral Form

Applicant details

Date:			
Full Name:			
Gender	<input type="checkbox"/> Female	Preferred Pronouns	<input type="checkbox"/> She/her
	<input type="checkbox"/> Male		<input type="checkbox"/> He/him
	<input type="checkbox"/> Non-Binary / Gender Diverse		<input type="checkbox"/> They/them
	<input type="checkbox"/> Prefer not to say		<input type="checkbox"/> Other:
Address:			
Suburb:		State:	
Post Code:		Mobile:	
Email Address:			
Date of Birth:		Age:	
Program Type		<input type="checkbox"/> Hybrid (Face to Face and Virtual meetings)	
		<input type="checkbox"/> Digital (online only – phone/video)	
Currently Studying		Secondary	<input type="checkbox"/> Tertiary
		<input type="checkbox"/> Yes - Current Year Level:	
		<input type="checkbox"/> No - Year Level Completed:	
Currently Employed		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
Currently Pregnant/Expecting		<input type="checkbox"/> Yes – approx. due date:	
		<input type="checkbox"/> No	
Other Child/ren Details		Childs Name:	Childs DOB:
		Childs Name:	Childs DOB:
		Childs Name:	Childs DOB:



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Does the applicant identify as Aboriginal or Torres Strait Islander?

- Yes
- No
- Unsure
- Prefer not to say

Is the applicant culturally and linguistically diverse?

- Yes
 - No
- If yes, language(s) spoken at home:

Country of Birth:

Is an Interpreter required? If yes, what language?

- Yes
 - No
- If yes, language(s) required:

Religious/cultural considerations

Diagnosed Conditions (medical, disability, mental health)

Are there any safety concerns?

- Yes
 - No
- If yes, detail the concerns:



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The following section is only relevant if you are making the referral on behalf of a young person.

Referrer details

Full Name:	
Organisation:	
Phone:	
Email:	
How did you hear about Brave's SEPT Program?	
Brief history of the applicant (including any relevant health or safety risks, barriers to engagement, current support from your or other services)	
Key Support Needs (tick all that apply)	<input type="checkbox"/> Parenting & Child Development Support <input type="checkbox"/> Housing Stability <input type="checkbox"/> Financial Literacy or Stability <input type="checkbox"/> Improving Family / Intimate Relationships <input type="checkbox"/> Family Violence <input type="checkbox"/> Keeping Children Safe <input type="checkbox"/> Engagement/Reengagement with Education <input type="checkbox"/> Employment Assistance / Progress to Work <input type="checkbox"/> Health & Wellbeing <input type="checkbox"/> Substance Use Support <input type="checkbox"/> Disability Support <input type="checkbox"/> Social Connection Support <input type="checkbox"/> Access to Other Community or Government Services <input type="checkbox"/> Other (please specify):

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.