

Professional & Family/Friend 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 connected families.

The Supporting Expecting and Parenting Teens (SEPT) program connects young people with a professional mentor who helps develop pathway plan to guide the young parent in working towards their goals. The Mentor will provide practical help and access to pregnancy and parenting information (e.g. encouraging attendance at health-check appointments), general support and non-clinical guidance, and connect young parents with services and support suited to their needs and goals. The SEPT Program is voluntary.

Brave is not a crisis service.

Eligibility Criteria

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 living with a disability aged under 25
- Parents who live in a remote or rural location and aged under 25 with limited local services

How to Refer

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

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

The young person **must be aware of the referral and consent to sharing this 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

If you are having difficulties completing this form, please contact Brave by email info@bravefoundation.org.au or 0448 088 380.

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.



Referral Form

Date:

Referrer details

Name:

**Organisation or
relationship to young person:**

Phone:

Email:

How did you hear about Brave's SEPT Program?

- ☐ Brave Mentor
- ☐ Colleague/Peer
- ☐ GP
- ☐ Social media
- ☐ Website
- ☐ Family / Friend
- ☐ Health Worker
- ☐ Social Worker / Counsellor
- ☐ Other (please specify):

Reason for Referral (tick all that apply)

- ☐ Parenting & Child Development Support
- ☐ Housing Stability
- ☐ Financial Literacy or Stability
- ☐ Improving Family / Intimate Relationships
- ☐ Family Violence
- ☐ Keeping Children Safe (incl. statutory)
- ☐ Engagement / Reengagement with Education
- ☐ Employment Assistance / Progress to Work
- ☐ Health & Wellbeing
- ☐ Substance Use Support
- ☐ Disability Support
- ☐ Social Connection Support



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☐ Access to Other Community or Government Services

☐ Other (please specify):

Summarise the young person's current circumstances in relation to the above needs (e.g. relevant health or safety risks, barriers to engagement, current support from your or other services. Please include information regarding past / current Out of Home Care, trauma history, past / current mental health, past / current family violence etc.)

Are there any safety concerns?

☐ Yes

☐ No

If yes, detail the concerns (e.g. family violence, risk taking behaviours, mental health, pending legal matters)?

Is there anything that may impact how the young person communicates or engages with Brave?

Does the young person have any diagnosed conditions (e.g. mental health, disability)?

Does the young person access NDIS?

☐ Eligible

☐ In progress

☐ Not applicable



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Young Parent's details

Full Name:

Gender

- ☐ Female
- ☐ Male
- ☐ Non-Binary / Gender Diverse
- ☐ Prefer not to say

Preferred Pronouns

- ☐ She / her
- ☐ He / him
- ☐ They / them
- ☐ Other:

Address:

Suburb:

State:

Postcode:

Mobile:

Email Address:

Date of Birth:

Preferred Program Type:

- ☐ Face to Face and Virtual meetings (hybrid)
- ☐ Digital (online only – phone/video)

Currently Pregnant / Expecting

- ☐ No
- ☐ Yes – approx. due date:

Other Child/ren Details

Childs Name:

Childs DOB:

Childs Name:

Childs DOB:

Childs Name:

Childs DOB:

Does the young parent have a partner?

- ☐ Yes
- ☐ No

Does the young parent identify as Aboriginal and / or Torres Strait Islander?

- ☐ No
- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Both
- ☐ Unsure
- ☐ Prefer not to say



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Is the young parent 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 and support

Level of Education Completed

☐ Primary School

☐ Secondary School

☐ Tertiary Education (University or TAFE)

Currently Studying

☐ Yes – Current year / level:

☐ No – Highest year level completed:

Currently Employed

☐ Yes

☐ No