

## Self-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 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

Anyone (including family members, carers, friends or young parents who are self-referring) can download, complete and email this form to [enrol@bravefoundation.org.au](mailto:enrol@bravefoundation.org.au).

Referrals are reviewed **each week** by a Central Intake Panel. Someone will be in contact once the referral has been reviewed.

You **must agree with the referral and consent to sharing information** with Brave.

It is helpful if you have some goals in mind. For example, parenting skills, education, preparing to work, healthy relationships, managing finances, etc.

Are you a young parent self-referring?

☐ Yes

☐ No

If no, please use the Professional/Family/Friend Referral form

If you are having difficulties completing this form, please contact Brave by email [info@bravefoundation.org.au](mailto: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.



# B R A V E

## Referral Form

Date:

### Your 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:

How would you like to be contacted?

- ☐ Email
- ☐ Phone call
- ☐ Text

Is it safe to leave messages for you?

- ☐ Yes ☐ No

Which type of program would you like?

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

Are you currently pregnant / expecting a baby?

- ☐ No
- ☐ Yes – approx. due date:

Other Child/ren Details

Childs Name:

Childs DOB:

Childs Name:

Childs DOB:

Childs Name:

Childs DOB:



# B R A V E

**Do you have a partner?**

☐ Yes

☐ No

**Do you identify as Aboriginal and / or Torres Strait Islander?**

☐ No

☐ Aboriginal

☐ Torres Strait Islander

☐ Both

☐ Unsure

☐ Prefer not to say

**Are you culturally and linguistically diverse?**

☐ Yes

☐ No

If yes, language(s) spoken at home:

**Country of Birth:**

**Do you need an interpreter?**

☐ Yes

☐ No

If yes, language(s) required:

**Do you have religious / cultural practices important to you that will help Brave support you?**

**What education have you completed?**

☐ Primary School

☐ Secondary School

☐ Tertiary Education (University or TAFE)

**Are you currently studying?**

☐ Yes – Current year / level:

☐ No – Highest year level completed:

**Are you currently working?**

☐ Yes

☐ No

**Do you have any diagnosed conditions (e.g. mental health, disability, chronic conditions)?**



# B R A V E

**Do you receive NDIS support?**

- ☐ Yes
- ☐ No
- ☐ In progress

**What would you like support with? (tick all that apply)**

- ☐ Parenting & Child Development Support
- ☐ Housing Stability
- ☐ Financial Literacy or Stability
- ☐ Improving Family / Intimate Relationships
- ☐ Family Violence
- ☐ Keeping Children Safe (incl. Child Protection involvement)
- ☐ Engagement/Reengagement with Education
- ☐ Employment Assistance / Progress to Work
- ☐ Health & Wellbeing
- ☐ Substance Use Support
- ☐ Disability Support
- ☐ Social Connection Support
- ☐ Access to Other Community or Government Services
- ☐ Other (please specify):

**Please tell us about your current situation and what you would like support with. Please include any health or safety challenges and details of support you currently have (e.g. friends, family or other services).**



# B R A V E

**Are you worried about your safety or others in your home?**

☐ No

☐ Yes

**If yes, can you provide more information?**

**How did you hear about Brave's SEPT Program?**

☐ Brave Mentor

☐ Colleague / Peer

☐ GP / doctor

☐ Midwife/ Maternal Child Health Nurse

☐ Social media

☐ Website

☐ Family / Friend

☐ Health Worker

☐ Social Worker / Counsellor

☐ Teacher

☐ Other (please specify):