**The B.R.A.V.E. Foundation
Referral Form**

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| **YOUNG PERSON DETAILS:** |
| First Name:  |  | Last Name:  |  |
| Preferred Name:  |  |
| DOB:  |  | Identify as: | Female / Gender Diverse |
| Mobile:  |  | Ethnicity:  |  |
| Email Address:  |  |
| **Reason for Referral:** What concerns have led to this referral and what do you hope to gain from B.R.A.V.E. |
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| **Current Situation:**Please describe the current family dynamics, schooling, employment, living and/or support networks etc |
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| **B.R.A.V.E. Services of interest:** Please select what options out of the following may be of interest or helpful to the young person |
| ¨ Retreats ¨ Monthly Workshops/ Activities ¨ ACC Social Work¨ ACC Counselling ¨ Joining B.R.A.V.E. Community ¨ Not sure yet  |
| **Referrer Details:**  |
| Full Name:  |  | Mobile:  |  |
| Email: |  |
| My relationship is:  | ¨ Friend ¨ Parent ¨ Family Member ¨ Professional  |
| If professional, please state your role, organisation and contact details:  |

Please complete the sections of this form with the most up to date information. It should be completed by or with the young person where possible. This information will be filed according to our privacy and confidentiality policy.