**K.I.N.D Referral Form**

Kinship, Interpersonal skills, No violence, Developing skills

Thanks for your interest in referring a young person to the KIND program!

**K.I.N.D is a voluntary intervention for young people who perpetrate family or intimate partner violence.**

We are currently experiencing high demand for this program and as we are only currently funded for 1.5 workers, we are needing to hold a waitlist.  The KIND program provides a flexible module-based program that works at the client's pace, and we are experiencing success in engaging this hard-to-reach cohort, however, this critical work takes time.

We are working hard to progress through our referrals and would appreciate you providing us with the information to inform our allocation of service by speaking to the factors below:

* the young person's readiness for our program
* the young person's ability or willingness to accept some degree of accountability for their use of violence
* the young person's level of motivation to participate
* the young person's level of stability in their living circumstances and their ability to commit to the program.

On all of the above please provide a scale eg 1 -10 with 10 being high

We are assessing each referral as it comes to us and are prioritizing access to the K.I.N.D program based on the above factors.

We acknowledge that having a responsive program that can work with a young person who is exhibiting readiness for change is critical to its success and we are committed to providing a timely service within current capacity constraints - and so we thank you for your patience with any delays.

Please fill out the referral form and email it to the Safe Relationships Team at saferelationships@brisyouth.org

**Have you discussed this referral with the young person? YES / NO**

**Young Person’s details**

**Name:**

**Date of Birth:**

**Gender identity:**

**Address:**

**Phone number:**

**Cultural Background:**

**Language group if known:**

**Referral Details**

**Date of referral:**

**Name and role of referrer:**

**Phone number and email of referrer:**

**Are there any mandate details (sentenced, remand, EM etc?)**

**Reason for referral: Adolescent Family Violence and/or Intimate Partner Violence**

**Intervention Order in place:**  **yes/no (details)**

**What types of violence are experienced by the victim (e.g. physical, financial, emotional, verbal, coercive control, spiritual, sexual)?**

**Our K.I.N.D program prefers to engage with victims of violence – does the**

**victim wish to participate in K.I.N.D?**

**Victim’s Name:**

**Relationship to young person:**

**Contact details if relevant:**

**History of domestic/family violence within family or young person’s life:**

**Other known information such as diagnosis, learning difficulties, mental health concerns, behavioural concerns, drug and/or alcohol misuse:**

**Thank you for your referral to K.I.N.D, we will contact you as soon as possible to discuss the referral and make a time to meet with the young person.**