Referral Form

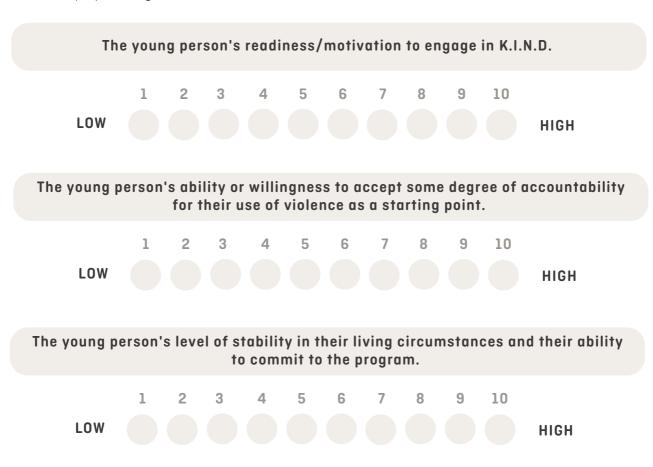
Kinship, Improving Relationships, No Violence, Developing Skills

Thanks for your interest in referring a young person to the K.I.N.D. program!

K.I.N.D. is a voluntary intervention for young people using violence, past or presently, in their family setting or intimate partner relationships.

It is a flexible non-gendered program working with 15-25 year olds which includes one-to-one psychoeducational therapeutic sessions. The program can work with young people as young as 12 years old but these are considered on a case-by-case basis.

We would appreciate you providing us with the following information to inform our allocation of service by speaking to the factors below:



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



K.I.N.D. Referral Form

Have you discussed this referral with the young person? YES NO
Is the young person currently experiencing violence? 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 Intimate Partner Violence
Intervention Order in place? YES NO DETAILS

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What types of violence are being used by the young person? Tick all that apply and provide examples in the identified areas.

PHYSICAL YES NO	Provide examples
VERBAL YES NO	Provide examples
EMOTIONAL YES NO	Provide examples
PROPERTY DAMAGE YES NO	Provide examples
COERCIVE CONTROL YES NO	Provide examples
SEXUAL YES NO	Provide examples
STALKING YES NO	Provide examples
FINANCIAL YES NO	Provide examples
THREATS TO HARM OR KILL SELF OR OTHERS YES NO	Provide examples
STRANGULATION YES NO	Provide examples
OTHER (I.E. HARM TO PETS, SPIRITUAL) YES NO	Provide examples

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Our K.I.N.D. program prefers to engage with those being targeted by the violence, i.e. family member or partner/ex-partner. Does the person/s being targeted by violence wish to participate in K.I.N.D.? YES NO		
Is the young person being referred open to the inclusion of the person/s being targeted in the program? YES NO		
(These discussions can be explored by the K.I.N.D. clinician with the young person directly if more appropriate).		
PERSON EXPERIENCING VIOLENCE		
NAME		
RELATIONSHIP TO YOUNG PERSON		
CONTACT DETAILS IF RELEVANT		
History of domestic/family violence within family or the life of the young person using violence:		
Other known information such as diagnosis, learning difficulties, mental health concerns, behavioural concerns, drug and/or alcohol misuse:		
Please tell us about other supports, services, or programs that this young person is engaged with if they are comfortable sharing this information:		

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.







