**BUGK Parenting After Violence - Referral Form**

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| **About the Bringing up Great Kids (BUGK) – Parenting After Violence Group** |
| BUGK is a reflective and respectful parenting program with a focus on building loving and nurturing relationships between parents/caregivers and the children in their care who have experienced family violence.  We are unable to guarantee that every referral will be offered a place in the group. If you are unsure whether to refer a caregiver, please call 9450 4700 or email fsparentinggroups@berrystreet.org.au to discuss the referral. |
| **Before filling in the referral form, please confirm the eligibility criteria below** |
| The participant will be supported by another service (case management or therapeutic) for the duration of the group program  Participant resides in one of the cities of Yarra, Darebin, Banyule, Nillumbik or Whittlesea  Current level of family violence risk is assessed as no higher than ’elevated risk’ and is currently stable  There is no escalating violence, active stalking, tech abuse, threats to harm or breaching of IVOs occurring.  Participant demonstrates therapeutic readiness  Participant is not in the home with the person using violence (PUV)  Participant is a woman or non-binary individual identifying as a Victim Survivor (VS) of family violence  Participant has children in their care or is in regular contact with these children  Participant has children aged 12 and under  Participant is able to attend the 8 group sessions (weekly on Wednesdays 10:30am - 12pm from May 7th- June 25th at the Keon Park Children’s Hub)  Participant understands that childcare is not provided during group time  Risk assessment attached with referral (updated to reflect current risk level and concerns)  If a participant does not meet all the eligibility criteria above and you would like to discuss this further, please call 9450 4700 or email fsparentinggroups@berrystreet.org.au discuss the referral with an intake worker. |

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| **Name of Referrer** | **Agency &**  **Professional Role/Program** | **Referrer’s number and email:** | **Time of Involvement w/ Participant** |
|  |  | **Phone:** |  |
| **Email:** |
| **Date of referral** | **Click or tap to enter a date.** | **Consent for referral obtained from Client** | Yes  No |

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| **Participant details** | First Name |  |
| Surname |  |
| Address |  |
| Gender Identity | Choose an item. |
| Identify as LGBTQIA+ | Choose an item. |
| Country of birth  Cultural Identity |  |
| Identifies as Aboriginal and/or Torres Strait Islander | Choose an item. |
| Interpreter Required | Choose an item.  If yes, which language? |
| Religion/Spirituality | Choose an item. |
| **Contact Details** | Phone Number |  |
| Email Address |  |
| Communication Preference | Choose an item. |
| Safe to Contact | Choose an item. |
| Advocate requested for Intake Call | Choose an item. |
| Emergency Contact, if known |  |

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| **Child/**  **children’s details *(including unborn)*** | **Full name/s:** | **Age** | **Gender:** | **If 0-4 years old, engaged with MCHN?** Leave blank if N/A | **If 5-18 years old, engaged with school etc?** Leave blank if N/A |
|  |  | Choose an item. | Choose an item. | Choose an item. |
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| **Participant’s Relationship to Children** | |  | | | |

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| **Current impact of family violence on child and family functioning**  (ie parent-child attachment undermined, finances, emotional and psychological wellbeing, education and/or social disruptions, connection to culture and/or community) | |
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| **Additional complex family issues** (ie. mental health, disability, physical health, AOD, CP history, financial etc.)  **What supports are in place to address these needs?** | |
| **Participant** | **Child/Children** |
| **Conditions impacting parenting arrangements**  (ie IVO, Child Protection/Children’s Court Orders, Family Law Court, informal parenting arrangements) | |
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| **Engagement factors** - any factors that would impact participant’s capacity to engage in the group space (w/ consideration for support needs and/or risk?) | |
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| **What is the participant hoping to gain from the group program?** | |
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| Thank you for your referral. Please email the completed this referral form and up-to-date MARAM risk assessment to: fsparentinggroups@berrystreet.org.au no later than Friday, April 25th. | |