**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 birthCultural 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. |
|  |  | Choose an item. | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. | Choose an item. |
| **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. |