

RE-SET REFERRAL FORM

MEN'S PROGRAM



Personal Information

First Name :

Surname :

Date of Birth :

Cultural Identity :

Address :

City/Country :

Email :

Phone :

Date of Referral :

Safe to Call? ☐

Safe to Text? ☐

Safe to attend home? ☐

Who is Referring (If applicable)

Self-Referral ☐

Advocacy ☐

Statutory Body ☐

Referrer Information

Referrer Full Name :

Referring Service :

Referrer Phone :

Referrer Email :

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Reason for Referral into RE-SET Program:

- ☐ The person has used violence and is seeking to take accountability for their behaviour
- ☐ The person has experienced violence or trauma and is seeking healing in a culturally safe men's space.
- ☐ The person is seeking support to strengthen their role as a father, partner, and/or community member
- ☐ The person has been referred due to a DFV incident or pattern of behaviour requiring intervention.
- ☐ The person has expressed interest in learning, healing, and accountability.
- ☐ The person is subject to legal or statutory conditions encouraging behaviour change such as court, or child protection involvement
- ☐ Other (please specify):

Is the person subject to any Child Protection or Legal Orders?

- ☐ YES (please attach copy)
- ☐ NO
- ☐ UNSURE

Child Information

NAME	DOB	Relationship	Culture



Additional Information:

Has the person given consent for this referral?

- ☐ YES
☐ NO

NAME :

SIGNED :

DATE :

Please email the filled in form to:
connect@amplimity.org.au