



## **Engage2Change Men's Behaviour Change Program Agency Referral Form**

**Engage2Change** is a 12week registered Men's Behaviour Change Program for men who want to change the way they behave in their relationships. The program provides an opportunity for men to explore domestic and family violence in a respectful setting that supports behaviour change. Engage2Change is not an anger management program, the focus is on domestic and family violence.

The safety of women, children, men and the wider community is the primary aim of the program. Therefore, a necessary aspect of the program is the offer of support to current or previous partners and their children who have been harmed by the men's behaviour.

The intake/eligibility process into the program spans to 4 weeks and involves a minimum of 3 meetings with participants.

It is important for referral agencies to understand that this is a voluntary program with firm eligibility criteria that includes the men being ready to own their harmful behaviour and be ready for group interaction. A legal order to attend the program is no guarantee that the man will be accepted into the program, entry will be based on their responses during the intake and assessment interviews.

### **About Engage2Change**

Engage2Change - NSW Mid North Coast is a Men's Behaviour Change Project funded by NSW Department of Communities and Justice.

Our Men's Behaviour Change program offers clients up to 4 individual counselling appointments to assess their hopes and goals for participating. These meetings are designed to work with men to assess if they are committed and ready to work towards non-violence and self-responsibility. The ongoing aim of these meetings are to prepare a man to move into our 12-week group program with up to 11 other men who have decided they are ready to work towards change (non-violence).

**For more information, please visit our website [www.kempseyfamilies.org.au](http://www.kempseyfamilies.org.au)**





### SECTION 1 – Referral Agency details

<b>Agency:</b>		<b>Date:</b>	
<b>Referred by:</b>			
<b>Has the client consented to the referral?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Referral type:</b>	<input type="checkbox"/> Mandatory <input type="checkbox"/> Suggested <input type="checkbox"/> Voluntary		

### SECTION 2 – Client details

<b>Given Name:</b>		<b>Surname:</b>	
Date of Birth:		Age:	
Cultural identity:		Landline:	
Best time to contact:		Mobile:	
Gender		ATSI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identifies as GBTIQ+	<input type="checkbox"/> Yes <input type="checkbox"/> No	CALD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address			
Email Address:			
Does the client identify as having a Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Disability			
Literacy needs			

#### AVO details:

Is there a current AVO:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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#### Corrections orders:

Is the client currently under supervision from NSW Corrective Services:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person:	
Contact Phone	
Corrective Services Office Location:	



### SECTION 3 – Referral Details

Reason for referral

### SECTION 4 – Engagement with other services

Are you aware of any other service that may be working with your client?

<b>Mental Health</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency	
<b>Drug and Alcohol</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency	
<b>Case Management</b> Is there an agency who has case management?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency	

### SECTION 5 – Helpful documents

Please provide a copy of relevant document/ to support this referral including;

1. Copy of all current AVO's
2. Copy of Bail, Corrective Services conditions or any other Court order
3. Copy of any Court Order relating to the children
4. Children – names of all children from past and present relationships:



## SECTION 6 – Sign off

By continuing with this referral, I confirm that I understand the eligibility requirements of the program and that making this referral does not guarantee that my client will be accepted to attend Engage2Change.

Signature:

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Date:

Please send the completed Referral form to: [e2c@kempseyfamilies.org.au](mailto:e2c@kempseyfamilies.org.au)