



Referral Form for Individual, Whaanau, and/or Small Group Support

Please fill in the following form and email this to your school's Kia Ora Ake Provider

Child's Full Name (include preferred name if applicable)														
Address														
School														
D.O.B.	NHI No. (if available)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other Gender (Please Specify) _____												
Ethnicity/ Ethnicities <input type="checkbox"/> New Zealand European <input type="checkbox"/> Maaori Iwi _____ <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island Maaori <input type="checkbox"/> Tongan <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other such as Dutch, Japanese, Tokelauan. Please State: _____														
GP details (if available)														
Other services involved in supporting the child <input type="checkbox"/> Primary care <input type="checkbox"/> Church <input type="checkbox"/> Oranga Tamariki <input type="checkbox"/> CAMHS <input type="checkbox"/> RTLB <input type="checkbox"/> Kaikaranga (Taikura Trust) <input type="checkbox"/> Kaupapa Maaori (Please Specify): _____ <input type="checkbox"/> Private Support (Please Specify): _____ <input type="checkbox"/> Ministry of Education Support Services (Please Specify): _____ <input type="checkbox"/> Other (Please Specify): _____ <input type="checkbox"/> Don't know Please provide a name and contact details for supports identified above: <table><tr><td>Name: _____</td><td>Name: _____</td></tr><tr><td>Contact: _____</td><td>Contact: _____</td></tr><tr><td>Organisation: _____</td><td>Organisation: _____</td></tr><tr><td>Name: _____</td><td>Name: _____</td></tr><tr><td>Contact: _____</td><td>Contact: _____</td></tr><tr><td>Organisation: _____</td><td>Organisation: _____</td></tr></table>			Name: _____	Name: _____	Contact: _____	Contact: _____	Organisation: _____	Organisation: _____	Name: _____	Name: _____	Contact: _____	Contact: _____	Organisation: _____	Organisation: _____
Name: _____	Name: _____													
Contact: _____	Contact: _____													
Organisation: _____	Organisation: _____													
Name: _____	Name: _____													
Contact: _____	Contact: _____													
Organisation: _____	Organisation: _____													

Shared Care and Legal Guardianship

We understand every whaanau is different, and we want to make sure the right people are included and supported. Please let us know who the important adults are in this child's life.

Are there any shared care or custody arrangements we should be aware of?

☐ Yes ☐ No ☐ Unsure

If yes, feel free to share any details that might help us support your whaanau well (e.g. routines, care schedules, communication preferences):

Legal Guardian Contact Details

Please list all legal guardians for this child (e.g. both parents, whaanau members with legal care):
(If a legal guardian is also the emergency contact below, you can just write "see below" for contact details)

Full Name	Full Name
Relationship to Child	Relationship to Child
Address (if different from child's)	Address (if different from child's)
Phone Number	Phone Number
Email	Email

☐ I confirm that all listed legal guardians are aware of and consent to this referral.

If you're unsure or would like to talk this through, our team is happy to help.

Emergency Contact Details

Full Name	Relationship to Child
Phone Number	
Address (if different from child's)	
Email	

Please include names and DOB of siblings if appropriate

Please tick the type of support you are requesting:	<input type="checkbox"/> Individual <input type="checkbox"/> Whaanau <input type="checkbox"/> Small Group	
Please tick the relevant wellbeing needs that best describe the child's current experiences:	<input type="checkbox"/> Anger <input type="checkbox"/> Anxiety <input type="checkbox"/> Bullying <input type="checkbox"/> Cultural reconnection/connection <input type="checkbox"/> Gaming/Screen Time/Social Media <input type="checkbox"/> Emotional Regulation <input type="checkbox"/> General Wellbeing <input type="checkbox"/> Goal-Setting <input type="checkbox"/> Grief/loss/ changes <input type="checkbox"/> Identity <input type="checkbox"/> Low mood	<input type="checkbox"/> Mana Enhancing <input type="checkbox"/> Neurodiversity support <input type="checkbox"/> Family conflict/distress/changes <input type="checkbox"/> Peer relationships <input type="checkbox"/> Sleep <input type="checkbox"/> Stress <input type="checkbox"/> Transitions into new school or year group <input type="checkbox"/> Vaping <input type="checkbox"/> Whaanau Support <input type="checkbox"/> Other (Please Specify) _____
Are there other needs we should be aware of? e.g. sensory, behavioural, health, and cognitive needs		
Are there any immediate safety concerns or risks you are aware of that may affect the child, their whaanau or others in their environment? If so, please describe.		
Additional Information <i>E.g. strengths, challenges, preferences, or anything else relevant to the child's support.</i>		
Referrer Name		
Relationship to Child		
Contact Details		
Signature	Date	