**Kia Ora Ake Referral Form for Individual, Whaanau, and/or Small Group Support**

Please fill in the following form and email this to (providers email)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Full Name (include preferred name if applicable)** | | | | |
| **Address** | | | | |
| **School** | | | | |
| **D.O.B.** | **NHI No. (if available)** | | **Gender**  Male  Female Non-binary  Other Gender (Please Specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Ethnicity/ Ethnicities**  New Zealand European  Maaori Iwi ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Samoan  Cook Island Maaori  Tongan  Niuean  Chinese  Indian  Other such as Dutch, Japanese, Tokelauan. Please State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **GP details (if available)** |  | | | |
| **Other services involved in supporting the child**  Primary care  Church  Oranga Tamariki  CAMHS  RTLB  Kaikaranga (Taikura Trust)  Kaupapa Maaori (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Private Support (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ministry of Education Support Services (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t know  Please provide a name and contact details for supports identified above:  **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:** | Individual  Whaanau  Small Group | | | |
| **Please tick the relevant wellbeing needs that best describe the child’s current experiences:** | Anger  Anxiety  Bullying  Cultural reconnection/connection  Gaming/Screen Time/Social Media  Emotional Regulation  General Wellbeing  Goal-Setting  Grief/loss/ changes  Identity  Low mood | | | Mana Enhancing  Neurodiversity support  Family conflict/distress/changes  Peer relationships  Sleep  Stress  Transitions into new school or year group  Vaping  Whaanau Support  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**  *E.g. strengths, challenges, preferences, or anything else relevant to the child’s support.* |  | | | |
| **Referrer Name** | | | | |
| **Relationship to Child** | | | | |
| **Contact Details** | | | | |
| **Signature** | | | | **Date** |