**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)

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| **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  ☐ UnsureIf 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** |