

# REFERRAL FORM



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

Child's Full Name (include preferred name if applicable)

Name \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_

### Ethnicity/Ethnicities

- |  |   |
|--|---|
| <input type="radio"/> New Zealand European | <input type="radio"/> Niuean                                    |
| <input type="radio"/> Maaori Iwi: _____    | <input type="radio"/> Chinese                                   |
| <input type="radio"/> Samoan               | <input type="radio"/> Indian                                    |
| <input type="radio"/> Cook Island Maaori   | <input type="radio"/> Other such as Dutch, Japanese, Tokelauan. |
| <input type="radio"/> Tongan               | <input type="radio"/> Please State: _____                       |

GP details (if available) \_\_\_\_\_

### Other services involved in supporting the child

- |                                       |  |
|---------------------------------------|--|
| <input type="radio"/> Primary care    | <input type="radio"/> Kaikaranga (Taikura Trust)             |
| <input type="radio"/> Oranga Tamariki | <input type="radio"/> Ministry of Education Support Services |
| <input type="radio"/> CAMHS           | (Please Specify): _____                                      |
| <input type="radio"/> RTLB            | <input type="radio"/> Other (Please Specify): _____          |

### 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.*

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## 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):

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### 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:

- |  |  |   |
|--|--|---|
| <input type="radio"/> Anger                              | <input type="radio"/> Emotional regulation | <input type="radio"/> Vaping                                    |
| <input type="radio"/> Anxiety                            | <input type="radio"/> Grief / loss         | <input type="radio"/> Transition in to new school or year group |
| <input type="radio"/> Cultural reconnection / connection | <input type="radio"/> Low mood             | <input type="radio"/> Gaming / screen time / social media       |
| <input type="radio"/> Friendship issues                  | <input type="radio"/> Sleep                | <input type="radio"/> Other (please specify) _____              |

## Additional Information

E.g. strengths, challenges, preferences, or anything else relevant to the child's support.

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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.

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Are there other needs we should be aware of? e.g. sensory, behavioural, health, and cognitive needs

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Referrer Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact Details \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_