

Referral

Date:

Parent/caregiver (if applicable or if client is under 18 years old)

Name:	Relationship:
Date of birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender diverse
Ethnicity: <i>Māori, NZ European etc</i>	Iwi/hapū:

Client – who will be using the services? Eg. child, whanau member, parent.

Name of client:	School (if child):
Date of birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender diverse
Ethnicity: <i>Māori, NZ European etc</i>	Iwi/hapū:

Service requested:

- ☐ Counselling in person OR ☐ Counselling online
☐ Social work
☐ Parenting Programme – tick ONE programme below:
 - ☐ Building Awesome Whanau: 6-week course
 - ☐ Circle of Security: 8-week course
 - ☐ Mai te Po ki te Ao Marama: 7/8-week course (female only)
 - ☐ Teenage Years: 6-week course

For more information on our parenting programmes:
www.jigsawnorth.org.nz

Contact:

Phone:
Address:
Email:

Partner/Additional children

Partner:	Date of birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender diverse
Child:	Date of birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender diverse
Child:	Date of birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender diverse
Child:	Date of birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender diverse
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Child:	Date of birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender diverse

Additional caregiver / Emergency contact/next of kin (please circle)

Name:	Relationship:
Email:	Phone:

Referrer Details

- ☐ Myself
☐ Another person (name):
 Role: _____ Organisation: _____
 Phone: _____ Email: _____

Is client aware of and gives consent to the referral? ☐ yes ☐ no

You may be eligible for ACC Free Counselling if you have experienced sexual assault 0800 101996 Call ACC

What is happening now? Please give us as much information as you are comfortable sharing around the reason for this referral. It will help us to triage the urgency and allocate of the referral.

