

# Referral

Date:

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

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

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

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

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](http://www.jigsawnorth.org.nz)

Contact:

<b>Phone:</b>
<b>Address:</b>
<b>Email:</b>

Partner/Additional children

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

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

<b>Name:</b>	<b>Relationship:</b>
<b>Email:</b>	<b>Phone:</b>

Referrer Details

- Myself  
 Another person (name):  
 Role: \_\_\_\_\_ Organisation: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

