

# 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:

<input type="checkbox"/> <b>Counselling</b> <input type="checkbox"/> <b>Social work</b> <input type="checkbox"/> <b>Parenting Programme – tick ONE programme below:</b> <input type="checkbox"/> Building Awesome Whanau: 6-week course <input type="checkbox"/> Circle of Security: 8-week course <input type="checkbox"/> Mai te Po ki te Ao Marama: 7/8-week course (female only) <input type="checkbox"/> Teenage Years: 6-week course - morning/afternoon (circle one)	<b>Seasons for Growth (Adults)</b>  <b>Seasons for Growth (Children)</b>  For further information on our programmes, please see <a href="http://www.jigsawnorth.org.nz">www.jigsawnorth.org.nz</a>
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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
<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
<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

<input type="checkbox"/> <b>Myself</b> <input type="checkbox"/> <b>Another person (name):</b> Role: Phone:	<b>Organisation:</b> <b>Email:</b>
Is client aware of and gives consent to the referral? <input type="checkbox"/> yes <input type="checkbox"/> no	

