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| **CHILD/REN DETAILS** |
| **Family Name** | **First Name** | **DOB**DD/MM/YY | **Gender** | **Ethnicity** |
|       |       |       |       |       |
|       |       |       |       |       |
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| **CONTACT DETAILS FOR PARENTS/CAREGIVERS - CARER ONE** |
| **Family Name** |       | **First Name** |       |
| **DOB** DD/MM/YY |       | **Ethnicity/Iwi** |       | **Relationship to child** |       |
| **Address** |       |
| **Mobile no.** |       | **Email address** |       |
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| **CONTACT DETAILS FOR PARENTS/CAREGIVERS - CARER TWO** |
| **Family Name** |       | **First Name** |       |
| **DOB** DD/MM/YY |       | **Ethnicity/Iwi** |       | **Relationship to child** |       |
| **Address** |       |
| **Mobile no.** |       | **Email address** |       |

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| **Who has consented to this referral?** |  [ ]  Carer one |  [ ]  Carer two |

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| **Please tick any of the following that apply to this referral.** |
| **Parenting Support [ ]**  | **Support for Children [ ]**  | **Family Dynamics [ ]**  |
| **Mental Health issues [ ]**  | **Alcohol &/or Drug use [ ]**  | **Family Harm [ ]**  |

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| **What are the reasons for this referral? Please give as much detail as possible.** |
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| **Risk and Safety** |
| **Are there any orders currently in place? E.G. Protection order, parenting orders, trespass.**       |
| **Are Oranga Tamariki currently involved?**      **Have there been any past care and protection concerns?**       |
| **Is there anyone else living in the home?**       |
| **Are there concerns for professionals engaging with this family? E.G. Aggression towards professionals, gang affiliation, aggressive dogs.**       |

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| **OTHER AGENCIES INVOLVED**  |
| **Name** | **Organisation** | **Role** | **Contact Number** |
|       |       |       |       |
|       |       |       |       |
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| **REFERRED BY**  |
| **Person’s name** |       | **Job title** |       |
| **Agency name** |       | **Date** |       |
| **Mobile phone no.**  |       | **Email address**  |       |

I, , understand that the personal information I have provide to Community Wellbeing North Canterbury Trust (“the Trust”) will be treated in accordance with all provisions of the Privacy Act 2020 and any amendments to the Act.

**\*\*Please attach any relevant assessments.**

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| **PLEASE SEND REFERRALS TO** |
| **Email:** refer@wellbeingnc.org.nz *or*  | **Post to:** Community Wellbeing North Canterbury Trust PO Box 409, Rangiora, 7440 **Attention**: SW Team Leader |