

North Canterbury Family Social Work REFERRAL FORM

CHILD/REN DETAILS				
Family Name	First Name	DOB DD/MM/YY	Gender	Ethnicity

CONTACT DETAILS FOR PARENTS/CAREGIVERS - <u>CARER ONE</u>				
Family Name	_____	First Name	_____	
DOB <small>DD/MM/YY</small>	_____	Ethnicity	_____	Relationship to child _____
Unit no. / Street no. / Street Name _____				
Town / City _____			Postcode _____	
Home no.	_____	Mobile no.	_____	Work no. _____
Email address _____				

CONTACT DETAILS FOR PARENTS/CAREGIVERS - <u>CARER TWO</u>				
Family Name	_____	First Name	_____	
DOB <small>DD/MM/YY</small>	_____	Ethnicity	_____	Relationship to child _____
Unit no. / Street no. / Street Name _____				
Town / City _____			Postcode _____	
Home no.	_____	Mobile no.	_____	Work no. _____
Email address _____				

Indicate who is aware of this referral Carer one Carer two

Descriptions of key concerns.
What are you hoping to receive from family social work support?

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OTHER AGENCIES INVOLVED IN SUPPORT TO CLIENT			
Name	Organisation	Role	Contact Number

REFERRED BY	
Person's name _____	Job title _____
Agency name _____	

CONTACT DETAILS OF REFERRER		
Mobile phone no. _____	Work 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.

RISK AND SAFETY	
Are there any community risks? Such as gang affiliation. If yes , please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are there any concerns for professionals or client's safety? Such as are there currently any protection orders, trespass orders or police safety orders in place and aggressive dogs? If yes , please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Oranga Tamariki involvement? If yes , please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are there any care and protection concerns? If yes , how have you addressed these concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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

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