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

| **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** |       |
|  |  |

| **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** |       |

| **Who has consented to this referral?** |  ☐ Carer one |  ☐ Carer two |
| --- | --- | --- |

| **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 ☐** |

| **What are the reasons for this referral? Please give as much detail as possible.** |
| --- |
|        |

| **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?**       |
| **Are there concerns for professionals engaging with this family? E.G. Aggression towards professionals, gang affiliation, aggressive dogs.**       |

| **OTHER AGENCIES INVOLVED**  |
| --- |
| **Name** | **Organisation** | **Role** | **Contact Number** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

| **REFERRED BY** |
| --- |
| **Person’s name** |       | **Job title** |       |
| **Agency name** |       |
| **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.**

| **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 |