| **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** |
|  |  |  |  |
|  |  |  |  |
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| **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](mailto:refer@wellbeingnc.org.nz) *or* | **Post to:** Community Wellbeing North Canterbury Trust  PO Box 409, Rangiora, 7440  **Attention**: Clinical Team Leader |