

88 Juliet Street PO Box 26 Stratford 4352 (06) 928 4517 office@tutaki.org.nz

Tūtaki Youth Incorporated Young Persons Referral Form

(Use this form for 0-25 years)

	(Office use) Date Received
Referrers Name and Position Referrers Email	Phone
Client details Name Age DOE Ethnicity Address	B M/F
Are they enrolled in education? (I	Mobile phone Please circle) Yes / No (<i>If yes which one?</i>)
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Phone Relationship to client	
Addross	
Phone Relationship to client	Mobile phone
Sibling details Name Name Name Name Name	Age Relationship to client

Other support people/ Next of Kin Name				
Address	Mobile phone			
Reason for referral				
Other considerations				
Referral is being bullied: Y/N	or Referral is	s displaying bullying behaviours: Y/N		
Family Group Conference Plan attached (required)				
Agency involvement				
Agency	ProfessionalProfessional			
Agency	Professional	Involvement		
Agency	Professional	Involvement		
 Referrals can be received via PO BOX 26, STRATFORD or office@tutaki.org.nz An initial assessment will be completed prior to a client being accepted onto the programme Referrals may be deferred, accepted or declined according to priority Tūtaki has the final decision on programme placements Please attach any supporting documentation to this referral 				
If under the age of 16, parental consent will be required. Parent(s)/Caregiver(s) must consent to the release of information for this referral				
Name	Signature	Date		