



Tūtaki Youth Incorporated Young Persons Referral Form *(Use this form for 0-25 years)*

(Office use) Date Received _____

Date of referral _____
Referral agency _____ Phone _____
Referrers Name and Position _____
Referrers Email _____
Referrer's Expectations _____

Client details

Name _____
DOB _____ M/F _____
Ethnicity _____ Iwi _____
Address _____
Phone _____ Mobile phone _____
Are they enrolled in education? (Please circle) Yes / No (If yes which one?)
Education _____

Parent/Caregiver details

Name _____
Address _____
Phone _____ Mobile phone _____
Relationship to client _____

Parent/Caregiver details

Name _____
Address _____
Phone _____ Mobile phone _____
Relationship to client _____

Sibling details

Name _____	Age _____	Relationship to client _____
Name _____	Age _____	Relationship to client _____
Name _____	Age _____	Relationship to client _____
Name _____	Age _____	Relationship to client _____

Other support people/ Next of Kin

Name _____

Address _____

Phone _____ Mobile phone _____

Relationship to client _____

Reason for referral

Programmes we offer:

- Healthy Relationships
- Taming Anger
- Reflections
- Self Esteem
- ROaV – Relationships, Opportunities and Values

Please give some background regarding your situation:

Family Group Conference Plan attached (required)

Agency involvement

Agency _____	Professional _____	Involvement _____
Agency _____	Professional _____	Involvement _____
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 _____

ALL INFORMATION ON THIS REFERRAL IS STRICTLY CONFIDENTIAL