



# Tūtaki Referral Form

Date: \_\_\_\_\_

## Client Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age and DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Contact Number: \_\_\_\_\_

School/Education Provider: \_\_\_\_\_

## Parent/Caregiver Details

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number/s: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Emergency Contact (if different from above): \_\_\_\_\_

## Referrers Details:

Agency or Organisation: \_\_\_\_\_

Referrers Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Please indicate if the child or household is impacted by the following:

Family Violence : \_\_\_\_\_

Mental Health: \_\_\_\_\_

Alcohol or drugs: \_\_\_\_\_

Health issue or disability: \_\_\_\_\_

Do you have any current child protection concerns?

YES

NO

\_\_\_\_\_

**Reason For Referral:**

**What are your expectations of Tūtaki regarding this child/family?**

**Please indicate your preferred service pathway for this child/family:**

Social Work Intervention

Youth Work/Mentoring

Group Work

Parenting

Please note that a needs assessment is carried out for each referral, this is what indicates which pathway will be the most appropriate and effective for this child/family.

**Consent:**

Do you have consent from the child/caregiver/guardian to make this referral?

Yes

No