

Please fill in this referral form with as much detail as possible.

It is important we get a clear understanding of the needs of our rangatahi for the youth worker to tailor their mentoring programme.

| TAMARIKI / RANGATAHI DETAILS | | | |
|---|------|--------|--|
| Full Name (<i>Rangatahi</i>) | | | |
| Gender | Male | Female | Other |
| DOB (dd/mm/yy) | | | |
| Current Address | | | |
| Ethnicity / Iwi Affiliation | | | |
| School | | | |
| Year Group | | | |
| Does te tamaiti (the child) know about this referral? | YES | NO | <i>If NO, then please explain why:</i> |

| FAMILY / WHANAU DETAILS | | | |
|---|-----|----|-----------------------------------|
| Full Name (<i>Parent/Guardian</i>) | | | |
| Relationship to Client | | | |
| Current Address | | | |
| Mobile Number | | | |
| Email Address | | | |
| Are there any special communication notes? (i.e. what is the best way to contact, times of day etc). | | | |
| Does the Parent/Guardian CONSENT to this referral? | YES | NO | <i>If NO, please explain why:</i> |

| REFERRER DETAILS | | |
|------------------------------------|-----|----|
| Full Name | | |
| Relationship to te tamaiti (child) | | |
| School/Agency | | |
| Contact Number | | |
| Self Referred | Yes | No |
| Email Address | | |
| Date of Referral | | |

| REFERRAL BACKGROUND | |
|---|--|
| What is the reason for this referral? | |
| What are the presenting issues / current situation? | |

| | | | |
|--|-----|----|--------|
| Are there other Agencies CURRENTLY involved? | Yes | No | Unsure |
| If YES, please provide details | | | |
| Have there been other Agencies PREVIOUSLY involved? | Yes | No | Unsure |
| What support do you feel te tamaiti need? <i>(i.e. is it social connection, helping them connect to their whanau, is it tools and strategies for behavioural management, etc)</i> | | | |

Please tick what is relevant to te tamaiti

| | |
|--------------------------|--|
| <input type="checkbox"/> | Basic needs of te tamaiti (child) are not being met. <i>(i.e. shortage of food/supplies, poor hygiene).</i> |
| <input type="checkbox"/> | Poor school/kura attendance over an extended period of time. |
| <input type="checkbox"/> | Behaviour that is affecting the learning of te tamaiti and/or the learning of others over an extended period of time. |
| <input type="checkbox"/> | Poor social skills <i>(i.e. disruptive, withdrawn, bullying or being bullied, and/or communication and/or relationship difficulties).</i> |
| <input type="checkbox"/> | Changes in school/kura performance, behaviour, mood, or grief that persist over time. |

| YOUTH WORKER | |
|-------------------------|---|
| Our Role | <p>Youth work is the development of a relationship between a youth worker and a young person through: connecting with young people; where: young people are empowered, including the choice to engage for as long as agreed; and that: supports their holistic, positive development as taiohi that contribute to themselves, their whānau, community and world.</p> |
| Confidentiality | <p>Your ability to trust the youth worker to hold information in confidence is fundamental to the relationship. When confidences may need to be shared, the youth worker will explain the boundaries of confidentiality.</p> <p>These boundaries will consider the requirements of your situation/context and our professional practice limits to confidentiality, which may lead to disclosure, apply when:</p> <ul style="list-style-type: none"> ● The young person or someone else is in danger ● There is an emergency situation ● It is required by legislation or the courts ● The young person is incapable of consenting. <p>When information is disclosed, the youth worker will endeavour to obtain your permission to seek the appropriate support. Where this is not possible youth workers will inform the young person of any disclosure. Where information is disclosed, only the minimum required for your support should be given.</p> <p>Youth workers will comply with the Privacy Act 1993, and in particular will ensure collection, storage, access, correction, use and disclosure of information is dealt with in accordance with this Act</p> |
| Working Collaboratively | <p>Youth workers will respect and co-operate with other professionals and/or other significant people involved in the young person's life to secure the best possible outcomes for the young people they engage with and provide the best support possible.</p> |

I understand and
agree to this

Signed:

Date:

OFFICE USE ONLY:

Referral Accepted: YES / NO

If NO, referred to another agency? YES / NO

Which agency? _____

Employee Name: _____

Employee Signature: _____

Date: ____ / ____ / ____