

LARGE GROUP REFERRAL FORM



Purpose

This form supports referrals for tamariki who may benefit from a Kia Ora Ake small group. It gathers only the information needed to plan, contact whānau, and safely onboard tamariki.

Privacy

This form contains confidential student information. Please share through your school's agreed secure process only. Information is used for referral, consent, programme planning and Kia Ora Ake record keeping only.

How this process works

1. School identifies tamariki for small group support (By the term prior)	2. Whānau are notified a referral is being made	3. Referral is sent to Kia Ora Ake	4. Kia Ora Ake reviews group fit and next steps	5. Kia Ora Ake contacts whānau for consent	6. Written consent is required before the group begins
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Referral Contact

School/Kura Name _____ Role _____

Key contact _____

Phone _____ Email _____

Group options: Tick the group you would like to refer to

☐ Group 1

☐ Group 2

☐ Group 3

☐ Group 4

☐ Group 5

☐ Group 6

Group Fit Snapshot:

Anything about the group mix or dynamics that may help us support the group well? _____

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Programme Logistics

These details help kaimahi deliver the programme smoothly in a busy school environment and reduce back-and-forth once the group is confirmed, please complete as appropriate.

Ideal day(s) and time(s)
Available space(s) e.g. counselling room, library breakout space, spare classroom, outdoor space
Collection and transition plan How will tamariki be collected from class and returned? Who will support this?
Sensory / environmental considerations e.g. quieter space, movement breaks, visual supports, low-distraction setting
Known interruptions this term e.g. camp, swimming, production, assessments, EOTC, teacher-only days
Technology available: e.g. Wi-Fi, screen, projector, speaker. Password if appropriate:
Additional information:

Tamariki Onboarding Snapshot

Please complete as much as is readily available. We will follow up directly with whānau as part of the consent process. Avoid detailed histories; include only information that helps with safe contact, group fit and programme planning. If there are shared care or legal guardianship considerations, please note the safest contact pathway in the caregiver/alternative contact fields. Kia Ora Ake may request further details directly from whānau if needed.

Tamariki name	DOB / Age	Ethnicity / Iwi if known	Strengths / Interests	Current needs / group referral reason	Primary caregiver contact / Phone & Address	Alternative / emergency contact	Other supports / Additional information
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

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11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

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21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							