

REFERRAL FORM



Please fill in the following form and email this to kiaoraake@mahitahi.co.nz

Child's Full Name (include preferred name if applicable) _____

Address _____

School _____

D.O.B. _____ NHI No. (if available) _____

Gender

Male Female Non-binary Other Gender (Please Specify): _____

Ethnicity/Ethnicities

New Zealand European

Maaori Iwi: _____

Samoan

Cook Island Maaori

Tongan

Niuean

Chinese

Indian

Other such as Dutch, Japanese, Tokelauan. Please State: _____

GP details (if available) _____

Other services involved in supporting the child

Primary care Church Oranga Tamariki CAMHS RTLB Kaikaranga (Taikura Trust)

Kaupapa Maaori (Please Specify): _____

Private Support (Please Specify): _____

Ministry of Education Support Services (Please Specify): _____

Other (Please Specify): _____

Don't know

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Please provide a name and contact details for supports identified above:

Name: _____ Name: _____

Contact: _____ Contact: _____

Organisation: _____ Organisation: _____

Name: _____ Name: _____

Contact: _____ Contact: _____

Organisation: _____ Organisation: _____

Shared Care and Legal Guardianship

We understand every whaanau is different, and we want to make sure the right people are included and supported. Please let us know who the important adults are in this child's life.

Are there any shared care or custody arrangements we should be aware of?

- Yes No Unsure

If yes, feel free to share any details that might help us support your whaanau well (e.g. routines, care schedules, communication preferences):

Legal Guardian Contact Details

Please list all legal guardians for this child (e.g. both parents, whaanau members with legal care):

If a legal guardian is also the emergency contact below, you can just write "see below" for contact details.

Full Name _____

Relationship to Child _____

Address (if different from child's) _____

Phone Number _____

Email _____

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Full Name _____

Relationship to Child _____

Address (if different from child's) _____

Phone Number _____

Email _____

I confirm that all listed legal guardians are aware of and consent to this referral.

If you're unsure or would like to talk this through, our team is happy to help.

Emergency Contact Details

Full Name _____

Relationship to Child _____

Phone Number _____

Address (if different from child's) _____

Email _____

Please include names and DOB of siblings if appropriate

Please tick the type of support you are requesting:

Individual Whaanau Group

Please tick the relevant wellbeing needs that best describe the child's current experiences:

- | | |
|--|--|
| <input type="radio"/> Anger | <input type="radio"/> Mana Enhancing |
| <input type="radio"/> Anxiety | <input type="radio"/> Neurodiversity support |
| <input type="radio"/> Bullying | <input type="radio"/> Family conflict/distress/changes |
| <input type="radio"/> Cultural reconnection/connection | <input type="radio"/> Peer relationships |
| <input type="radio"/> Gaming/Screen Time/Social Media | <input type="radio"/> Sleep |

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- Emotional Regulation
- General Wellbeing
- Goal-Setting
- Grief/loss/ changes
- Identity
- Low mood
- Stress
- Transitions into new school or year group
- Vaping
- Whaanau Support
- Other (Please Specify)

Are there other needs we should be aware of? e.g. sensory, behavioural, health, and cognitive needs

Are there any immediate safety concerns or risks you are aware of that may affect the child, their whaanau or others in their environment? If so, please describe.

Additional Information (e.g. strengths, challenges, preferences, or anything else relevant to the child's support)

Referrer Name _____

Relationship to Child _____

Contact Details _____

Signature _____ Date _____