



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

**Referred by:**

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Referrer Name: \_\_\_\_\_ email: \_\_\_\_\_

*Please note, you may be contacted to provide further information, and or be invited to attend Rāranga-a-whānau/Mahi Tahi (panel)*

**CONSENT:**  **The family/whānau has consented to this referral & we have attached the signed consent form**

**Family/ Whānau Details:**

**Parent One Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Iwi: \_\_\_\_\_ Gender: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Is a professional interpreter needed? Yes  No

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

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

**Parent Two Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Iwi: \_\_\_\_\_ Gender: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Is a professional interpreter needed? Yes  No

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

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

**Caregiver:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Iwi: \_\_\_\_\_ Gender: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Is a professional interpreter needed? Yes  No

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

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Is the other parent/caregiver aware of this Request for Support? Yes  No

**Children's Details** (may include unborn)

| Child's Name | Gender | Date of Birth | School/Preschool Name | Ethnicity | Resides at Home       |
|--------------|--------|---------------|-----------------------|-----------|-----------------------|
|              |        |               |                       |           | <input type="radio"/> |
|              |        |               |                       |           | <input type="radio"/> |
|              |        |               |                       |           | <input type="radio"/> |
|              |        |               |                       |           | <input type="radio"/> |
|              |        |               |                       |           | <input type="radio"/> |
|              |        |               |                       |           | <input type="radio"/> |

**A PRELIMINARY ASSESSEMENT HAS BEEN UNDERTAKEN AND THE IDENTIFIED ISSUES/MAIN REASONS FOR THIS REQUEST FOR SERVICE ARE:**

Family/whānau needs/key Issues:

Strengths/resources/supports within family/whānau:

Previous Interactions/Supports: (if any)

\_\_\_\_\_ Agency: \_\_\_\_\_

\_\_\_\_\_ Agency: \_\_\_\_\_

Immediate safety issues for community agency caseworker: (if any)

Legal status with Oranga Tamariki, Ministry for Children: (if any)

Relevant additional information eg; current Oranga Tamariki plans in place: (if any)

Relevant custody/access arrangements: (if any)

GP/Primary Health Provider name and contact details:

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Any other relevant information:

Including any internal & external reports that have been completed eg: Suicide Risk, Child Abuse, Psychometric or DSM IV Assessment.

**OTHER SERVICES / PROFESSIONALS CURRENTLY INVOLVED WITH FAMILY/WHĀNAU:**

| Name | Agency | Role | Phone |
|------|--------|------|-------|
|      |        |      |       |
|      |        |      |       |
|      |        |      |       |
|      |        |      |       |

**FAMILY/ WHĀNAU SUPPORT NETWORK:** Other family/whānau and important significant others including grandparents, carers, neighbours, extended family/ whānau.

| Name | Gender | Relationship | Contact Details | Resides at Home       |
|------|--------|--------------|-----------------|-----------------------|
|      |        |              |                 | <input type="radio"/> |
|      |        |              |                 | <input type="radio"/> |
|      |        |              |                 | <input type="radio"/> |

**SUMMARY OF FAMILY/WHĀNAU:**

Referrer Name/ Designation: \_\_\_\_\_

Signature (if form is posted): \_\_\_\_\_

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

**Thank you for contacting Te Whiri Ora. Our coordinator will contact you within 2 weeks of receiving this form. Please email the completed form to [tewhiriora@rightservice.org.nz](mailto:tewhiriora@rightservice.org.nz).**



**Te Whiri Ora**  
Whānau Weaving Wellbeing

# Family/ Whānau Consent Form

I \_\_\_\_\_ (Your Name)  
give consent for this request for support to Te Whiri Ora.

I understand that my information will be confidential and used by Te Whiri Ora pursuant to the Privacy Act 1993 and kept appropriately confidential.

I understand that if Te Whiri Ora identifies that there are safety concerns for me and/or others, it will, if possible, discuss the concerns with me before releasing information to the Police and/or Oranga Tamariki.

I understand that my involvement in Te Whiri Ora is voluntary and I may withdraw at any stage of the process.

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

print finished form

save a copy of the form