



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

**Family/ Whānau Details:**

**Name of Parent/Caregiver:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ **Iwi:** \_\_\_\_\_

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

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

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

**Name of other Parent/Caregiver/Partner:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ **Iwi:** \_\_\_\_\_

**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"/>

Family/whānau needs/key Issues: (describe what challenges you are dealing with in your family/ whānau, consider: child behaviour, parenting skills, family relationships, adult/child mental health, physical health, finances, school issues, social skills, social isolation, family court processes)

Strengths/resources/supports within family/whānau:

Previous Interactions/Supports: (if any)

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

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

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

Immediate safety concerns: (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

## OTHER SERVICES/PROFESSIONALS CURRENTLY INVOLVED WITH YOUR 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"/>

### 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.

Client Signature: \_\_\_\_\_ 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).**

print finished form

save a copy of the form