**Transition Support Services: Transfer Request**

**Please send the completed form** to transitionsupport@ot.govt.nz – the Transition Assistance Team, along with the original transition referral, and any supporting documentation such as All About Me Plan, transition plans etc. they will direct this request through to the new region/provider.

**TRANSFER TO A NEW TRANSITION SUPPORT PROVIDER**

This transfer request will provide details of the engagement between the current transition provider and the rangatahi, information on the reason for transfer, and what support will be required from the new transition provider going forward.

**Rangatahi must consent** to the request for transfer and sharing of their information with a new transition provider. **This summary is the information of the rangatahi,** they can see it, help decide what goes into it, and be given a copy if they want one.

It is important to detail:

* + What is the reason for requesting transfer to a new transition provider?
	+ What engagement has occurred and what support has been given to the rangatahi?
	+ How the rangatahi will need to be supported going forward?
	+ Who are the main support people for the rangatahi?

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| RANGATAHI INFORMATION |
| Full Name |  | **Gender Identity** |  |
| Date of Birth |  | **Ethnicity** |  |
| Date commenced with provider |  | **Iwi, hapū, marae, village** |  |
| Date of closure |  | **CYRAS Number** |  |
| Legal status (which granted entitlement) |  |

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| TRANSFER DETAILS

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| --- | --- |
| * Has Rangatahi consented to the Transfer Request and sharing of information?
 | Choose an item. |

If Rangatahi has not consented: * + Confirm consent prior to completing transfer request
	+ If unable to contact and confirm consent – use closure summary form instead
 |
| Closing transition provider  |  |
| Transition worker |  |
| Phone |  |
| Email |  |
| Region transferring from |  |
| Region transferred to |  |
| New transition provider\* |  |

**\*** May be completed at a later stage by the Transition Support Team or Regional Transition Lead

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| NEW RANGATAHI CONTACT DETAILS |
| Address |  |
| Phone number |  | **Mobile number** |  |
| Social Media |  | **Other** |  |

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| SUMMARY - to be completed by the transition worker and rangatahi (if possible) |
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| How would you describe your current situation?Where are you living? Who are you living with? What are you doing during the day? |
| ….. |
| Who are the important people in your life?This will include: whānau and family, caregiver, friends, hapū/iwi/cultural or spiritual support people, etc. This may also include ongoing professional support and networks. *Please provide their contact details.* |
| ….. |
| What are you most proud of achieving in your transition to adulthood?Consider things like education, employment, living arrangements, whānau/family relationships, cultural connection, interests, hobbies, health, or wellbeing. |
| ….. |
| What are the things you’ve achieved with your current transition worker? |
| ….. |
| What would you like to share about your transition from care into adulthood?Consider: getting ready for leaving Oranga Tamariki care, support given by your transition worker & transition provider, advice and assistance given by the transition assistance team at the helpline.  |
| ….. |
| What do you want to get out of working with your new transition worker? |
| ….. |
| What information about you would you like to share with your new transition worker? |
| ….. |

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| REASON FOR TRANSFER |
| * What is the reason for transfer?
 | Choose an item. |
| Please include any supporting information that is important for the new transition provider to be aware of, or will help the transition assistance team, should the rangatahi request advice or assistance in the future. |
| ….. |
| Has a discussion/handover between both providers has been arranged?This should happen once the transfer has been accepted by the new transition provider. | Choose an item. |