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| --- | --- | --- | --- | --- |
| This form must be mailed or delivered by hand. It must not be emailed as it contains sensitive information.  See page 10 for [delivery instructions](#Delivery). | | | | |
| **Child 1** | First Name\* | Middle Name | Last Name\* | **REFER THIS CHILD** |
|  |  |  |  |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Child Details** | | | | | | | Preferred Name |  | | Sex\* |  | | | Date of Birth\* |  | | Expected Date of Birth | | (if unborn) | | Ethnicity\* |  | | Iwi |  | | |  |  | |  |  | | | **Address and contact information** | | | | | | | Child’s Address\* | | | | | | | Building/Unit# |  | | | | | | Street Address |  | | | | | | Suburb |  | | City |  | | | Post Code |  | |  |  | | | Phone |  | | Email |  | | | **Child 1** | | **PRESENTING CONCERNS\*** | | | | | Please list the presenting concern(s) for the referred child. If more than one child is being referred, please fill out the supplementary page. | | | | | | | ***\* Mandatory field*** | | | | | | | | | | |
| **Child 1** | **PRESENTING CONCERNS\*** continued | | | |
| |  | | --- | |  | | | | | |
| **Child 1** | **REFERRER’S HISTORY OF CARE/SERVICES PROVIDED TO DATE\*** | | | |
| |  |  | | --- | --- | | Please list child’s history of care and summary of services provided to date. If more than one child is being referred, please fill out the supplementary page. | | |  | | |  | ***If there is information already available (e.g. reports, assessments etc.) that would be relevant, please attach and send them with this referral for each child being referred. Please indicate which child the document is for.*** | | | | | |

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| **Child 2** | First Name\* | Middle Name | Last Name\* | **Refer this Child** |
|  |  |  |  | **Sibling** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Child Details** | | | | | | | | Preferred Name |  | | Sex\* | |  | | | Date of Birth\* |  | | Expected Date of Birth | | | (if unborn) | | Ethnicity\* |  | | Iwi | |  | | |  |  | |  | |  | | | **Address and contact information** | | | | | | | | Child’s Address\* | | same as Child 1 | |  | | | | Building/Unit# |  | | | | | | | Street Address |  | | | | | | | Suburb |  | | City | |  | | | Post Code |  | |  | |  | | | Phone |  | |  | |  | | | Email |  | |  | |  | | | ***If ‘Refer this Child’ has been selected above, please fill out the attached Supplementary page*** | | | | | | | | | | | |

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| **Child 3** | First Name\* | Middle Name | Last Name\* | **Refer this Child** |
|  |  |  | **Sibling** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Child Details** | | | | | | | | Preferred Name |  | | Sex\* | |  | | | Date of Birth\* |  | | Expected Date of Birth | | | (if unborn) | | Ethnicity\* |  | | Iwi | |  | | |  |  | |  | |  | | | **Address and contact information** | | | | | | | | Child’s Address\* | | same as Child 1 | |  | | | | Building/Unit# |  | | | | | | | Street Address |  | | | | | | | Suburb |  | | City | |  | | | Post Code |  | |  | |  | | | Phone |  | |  | |  | | | Email |  | |  | |  | | | ***If ‘Refer this Child’ has been selected above, please fill out the attached Supplementary page*** | | | | | | | | | | | |

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| **Child 4** | First Name\* | Middle Name | Last Name\* | **Refer this Child** |
|  |  |  | **Sibling** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Child Details** | | | | | | | | | Preferred Name |  | | Sex\* | | |  | | | Date of Birth\* |  | | Expected Date of Birth | | | | (if unborn) | | Ethnicity\* |  | | Iwi | |  | | | |  |  | |  | |  | | | | **Address and contact information** | | | | | | | | | Child’s Address\* | | same as Child 1 | |  | | | | | Building/Unit# |  | | | | | | | | Street Address |  | | | | | | | | Suburb |  | | City | |  | | | | Post Code |  | |  | |  | | | | Phone |  | |  | |  | | | | Email |  | |  | |  | | | | ***If ‘Refer this Child’ has been selected above, please fill out the attached Supplementary page*** | | | | | | | | | | | | |

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| **Child 5** | First Name\* | Middle Name | Last Name\* | **Refer this Child** |
|  |  |  | **Sibling** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Child Details** | | | | | | | | Preferred Name |  | | Sex\* | |  | | | Date of Birth\* |  | | Expected Date of Birth | | | (if unborn) | | Ethnicity\* |  | | Iwi | |  | | |  |  | |  | |  | | | **Address and contact information** | | | | | | | | Child’s Address\* | | same as Child 1 | |  | | | | Building/Unit# |  | | | | | | | Street Address |  | | | | | | | Suburb |  | | City | |  | | | Post Code |  | |  | |  | | | Phone |  | |  | |  | | | Email |  | |  | |  | | | ***If ‘Refer this Child’ has been selected above, please fill out the attach Supplementary page*** | | | | | | | | | | | |

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| **Caregiver 1** | First Name | Middle Name | Last Name |
|  |  |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Caregiver Details** | | | | | | Also known as |  | Sex\* |  | | | Date of Birth |  | Approximate age | | (if Date of Birth unknown) | | Ethnicity\* |  | Iwi |  | | |  |  |  |  | | | **Address and contact information** | | | | | | |  |  |  | | --- | --- | --- | | Caregiver’s Address\* | same as Child 1 |  | | | | | | | Building/Unit# |  | | | | | Street Address |  | | | | | Suburb |  | City |  | | | Post Code |  |  |  | | | Email |  |  |  | | | Phone |  | Mobile\* |  | | | Relationship to child 1\* | | Relationship to child 4\* | | | | Relationship to child 2\* | | Relationship to child 5\* | | | | Relationship to child 3\* | |  | | | |  | |  | | | | | | |
| **Caregiver 2** | First Name | Middle Name | Last Name |
|  |  |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Caregiver Details** | | | | | | Also known as |  | Sex\* |  | | | Date of Birth |  | Approximate age | | (if Date of Birth unknown) | | Ethnicity\* |  | Iwi |  | | |  |  |  |  | | | **Address and contact information** | | | | | | |  |  |  | | --- | --- | --- | | Caregiver’s Address\* | same as Child 1 |  | | | | | | | Building/Unit# |  | | | | | Street Address |  | | | | | Suburb |  | City |  | | | Post Code |  |  |  | | | Email |  |  |  | | | Phone |  | Mobile\* |  | | | Relationship to child 1\* | | Relationship to child 4\* | | | | Relationship to child 2\* | | Relationship to child 5\* | | | | Relationship to child 3\* | |  | | | |  | |  | | | | | | |
|  | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **HOUSEHOLD SITUATION/COMPOSITION** | | | | | | | | Please list who else resides in the family home other than the parent/guardian/caregiver specified above and indicate their relationship to the referred child/children. | | | | | | | | **ANY OTHER RELEVANT INFORMATION** | | | | | | | | Please provide any additional information that may be relevant to the child’s needs. | | | | | | | | **TALKING WITH THE FAMILY/WHÄNAU ABOUT THE REFERRAL\*** | | | | | | | | Is the child/family/whānau willing for their personal information to be shared with The Children’s Hub? | | | | | | | | Agree to share information | | Yes | No | Did not discuss | | | | Is the child/family/whānau willing for a member of the Children’s Team to contact them if the recommendation made by The Children’s Hub is to refer to the Children’s Team? | | | | | | | | Agree to participate | | Yes | No | Did not discuss | | | | **SAFETY CONSIDERATIONS\*** | | | | | | | | Is there a potential risk to safety of professional when doing a home visit? | | | | | Yes | No | | If YES, please describe the potential risk | | | | | | | |  |  | | | | | | | | | |

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| **Referrer’s Details** | First Name\* | Middle Name | Last Name\* |
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| |  |  |  |  | | --- | --- | --- | --- | | Title\* |  |  | | | Organisation\* |  |  | | | Preferred Name |  |  | | | Role\* |  |  | | | **Address and contact information** | | | | | Building/Unit# |  | | | | Street Address |  | | | | Suburb |  | City |  | | Post Code |  |  |  | | Email |  |  |  | | Phone |  | Mobile\* |  | |  | |  | | | | | |

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| **Submit Referral** |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Before sending the form, please make sure you have: | | | | | | | | | | | | Attached any additional documents that will support the referral of each child being referred | | | | | | | | | | | |  | | | | | | | | | | | | In some instances, we may need to contact you to obtain clarification or additional information. Please nominate day(s) and time slots that will be convenient for you: | | | | | | | | | | | | Mon | Tues | | | Wed | | | | Thurs | | Fri | | Between       am / pm | | And | am / pm | | |  | | |  | | | Or  Anytime | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | I confirm that all information submitted in this referral is true and correct to the best of my knowledge | | | | | | | | | | | |  | | | | | | |  | | | | | Referrer’s Signature | | | | | | | Referral Date | | | | |  | | | | |  | | | | | | |

**SUPPLEMENTARY PAGES**

*If more than one child is being referred, please provide the presenting concern(s) and history of care/services provided to date for each referred child.*

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| --- | --- |
| **Child 2** | **PRESENTING CONCERNS\*** |
| |  | | --- | |  | | |
| **Child 2** | **REFERRER’S HISTORY OF CARE/SERVICES PROVIDED TO DATE\*** |
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| **Child 3** | **PRESENTING CONCERNS\*** |
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| **Child 3** | **REFERRER’S HISTORY OF CARE/SERVICES PROVIDED TO DATE\*** |
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| **Child 4** | **PRESENTING CONCERNS\*** |
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| **Child 4** | **REFERRER’S HISTORY OF CARE/SERVICES PROVIDED TO DATE\*** |
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| **Child 5** | **PRESENTING CONCERNS\*** |
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| **Child 5** | **REFERRER’S HISTORY OF CARE/SERVICES PROVIDED TO DATE\*** |
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| **Delivery Instructions** |
| |  |  | | --- | --- | | This form must be mailed or delivered by hand. It must not be emailed as it contains sensitive information.  Clearly label the referral as ‘private and confidential’ | | | Te Tai Tokerau, Counties Manukau, Hamilton, Eastern Bay of Plenty, Rotorua, Whanganui, Horowhenua/Ōtaki, Marlborough or Canterbury Children’s Teams:  Children’s Hub  PO Box 78013  Grey Lynn  Auckland 1245 | Te Pā Harakeke – Tāirawhiti Children’s Team:  Mailing address:  Te Pā Harakeke  PO Box 658  Gisborne 4040  Physical address:  42 Grey Street  Gisborne | |

This form gives permission for your referral to the Children’s Team and the collection and sharing of your information by the Children’s Team and those agencies included in your referral.

Please tick the boxes below to show that you understand how the Children’s Team works, what we’ll do with information about you and your whānau, and what your rights are. If two parents or guardians are signing the form, tick once for both parents/guardians.

**It has been explained to me how the Children’s Team works**

* How the Children’s Team will work has been discussed with me and my child (if appropriate).
* I understand what working with the Children’s Team will mean for me and my child.
* I understand that if the Children’s Team accept the referral they will appoint a Lead Professional to work with my child and our whānau.
* The Lead Professional will check to see if we still want the Children’s Team to work with us.
* I understand a Child Action Network will be formed following discussion with the Lead Professional. These will be people that we work with and respect.
* I understand that the Lead Professional, along with members of the Child Action Network, will take my child and whānau through an assessment and action planning process.
* I understand the Child’s Plan will include the names of the people/agencies that will support my child and our whānau. I understand I can have a copy of my child’s Plan

**It has been explained to me what will happen to the information**

* I understand that the referrer will give the information in the Referral Form to the Children’s Team.
* I agree that the agencies that make up the Children’s Team and those listed on the Referral Form may share personal information with each other about my child and whānau to plan for Children’s Team support.
* I understand that any person who in their formal role has access to Children’s Team personal information is under a specific obligation to keep this information confidential.
* I understand that information may be stored in an IT system to enable authorised Children’s Team members to securely store, share and update information about my child and whānau.
* I understand that this IT system is administered by Oranga Tamariki – Ministry for Children, and that systems administrators may have access to information about my child and whānau for the purpose of maintaining the IT system.
* I understand that the Children’s Team may use our non-identifying information for auditing, reporting and research purposes to monitor and improve the Children’s Teams.
* I understand that I will be given a copy of this form.

**Our questions have been answered and explained**

* I have had the chance to ask questions, and I feel that my questions have been answered.
* I understand that, if I have more questions, I can ask the Children’s Team. I have been given contact details for the Children’s Team.

**My rights have been explained to me**

* I understand that we can change our minds about accepting support from the Children’s Team and can tell the Lead Professional or any other member of the Children’s Team of this.
* I have been explained my rights under the Privacy Act and the Health Information Privacy Code. I understand these rights.

|  |  |  |
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| **Child’s consent:** | | |
| **Name of Child:** | | **Date:** |
| By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form |  | |

|  |  |  |
| --- | --- | --- |
| **Child’s consent:** | | |
| **Name of Child:** | | **Date:** |
| By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form |  | |

|  |  |  |
| --- | --- | --- |
| **Child’s consent:** | | |
| **Name of Child:** | | **Date:** |
| By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form |  | |

|  |  |  |
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| **Child’s consent:** | | |
| **Name of Child:** | | **Date:** |
| By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form |  | |

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| --- | --- | --- |
| **Parents’ consent:** | | |
| **Name of parent/caregiver:** | | **Date:** |
| **Relationship to child:** | | |
| By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form |  | |

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| **Parents’ consent:** | | |
| **Name of parent/caregiver:** | | **Date:** |
| **Relationship to child:** | | |
| By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form |  | |

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| --- | --- | --- |
| **Parents’ consent:** | | |
| **Name of parent/caregiver:** | | **Date:** |
| **Relationship to child:** | | |
| By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form |  | |

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| **Other family/whānau consent:** | | |
| **Name of other family/whānau member:** | | **Date:** |
| **Relationship to child:** | | |
| By signing, I consent to the Children’s Team providing support and sharing information about me and with agencies listed in the Referral Form |  | |