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| ***Entry criteria to Parentline:***  |

***Please tick if you meet the following:***

1. The Parent/Caregiver is aware and agrees to this referral being made to Parentline? [ ]
2. The child is less than 13 years? [ ]

***Please tick as many as you need to that are relevant:***

1. Has your child experienced either: 2. Parent/Caregiver wish to attend:

Sexual abuse  [ ]  Incredible Years Parenting Programme [ ]

Physical abuse [ ]  Manaakitia Mai [ ]

Emotional abuse [ ]  Keeping Ourselves Safe [ ]

Neglect [ ]

Domestic Violence [ ]

Trauma [ ]

Bullying [ ]

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| ***If the above entry criterion are met, please complete all sections of this e-referral form and send it to the above email address. Your referral will be formally acknowledged. Thank you.***  |

**Child / Client Details: Referral Date: \_\_ / \_\_ / 201\_**

|  |  |
| --- | --- |
| Surname:  | Given Names: |
| Also known as:       | Address:  |
| Suburb:  | City/Town: | Postcode:       |
| D.O.B.  | Gender: **F / M** | Main phone contact:  |
| Email address:  | Alternate / mobile phone: |
| Ethnicity: | Refugee: Yes/No Migrant: Yes/No |
| Iwi/ Hapu (if Maori): | Languages / Can client speak English? |
| School/Pre-School attended: | Current attendance: |
| Does the child have a disability? And or take medication? If so, describe: | Is there family violence? Currently / Historically Is the child included on a protection order Yes / No Protection Order No:Date/Place of Issue: |
| 3rd Party service providers (tick the following services that are/have been involved):  |
| GP/ Doctor [ ] (who?)Imms up to Date? [ ]  | Police/ ISR [ ] (who?)WSW [ ]   | Corrections Services [ ]  |
| Counselling services [ ]   |
| Disability services [ ]   |
|  NGO services [ ] (who?) | MVCOT or/ Childrens Team? [ ]  | ICAMHS [ ]   |
| Legal services [ ]   |
| Disability services [ ]   | Work and Income [ ]   |

List the people living in the household:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Full Name* |  | *Relationship to Client* |  | *Date of Birth* |
|  |  |  |  |  |
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Significant family members living Outside the Home

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name* |  | *Relationship to Client* |  | *Date of Birth*  |
|  |  |  |  |  |
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Relationship status of parents □ Married □ Divorced □ Separated □ De Facto □ Same Sex

Is the child adopted? □ Yes □ No If yes, at what age? Does the child know? □ Yes □ No

Is the child whangai? □ Yes □ No If yes, at what age? Does the child know? □ Yes □ No

Is the child in foster care? □ Yes □ No

**Principal Contact Person Details**

|  |  |  |
| --- | --- | --- |
| Relationship to client:  | Guardian  | Preferred contact:  |
| Surname:  | Given names:  |
| Email:  | Phone:  |
|  | Mobile: |
| Address:  | Suburb:  | Post Code:  |

**Secondary Contact Person Details**

|  |  |  |
| --- | --- | --- |
| Relationship to client:  | Guardian:  | Preferred contact: |
| Surname:  | Given names:  |
| Email:  | Phone:  |
|  | Mobile: |
| Address:  | Suburb:  | Post Code:  |

**How we can work with you?:**

**Communication plan**

Parentline Staff will need to communicate with you and plan for sessions with your child or yourself. Please let us know times to contact you and how/when you would prefer to be contacted:

|  |  |
| --- | --- |
| I agree to be contacted by: | Phone [ ]  Text [ ]  Email[ ]   |
| Phone: |  |
| email: |  |
| The best timetimes to contact me: | Mon |  |
| Tues |  |
| Wed |  |
| Thurs |  |
| Fri |  |
| I am happy to be contacted at my place of work if you are unable to contact me any other way. | Yes/ NoCircle One | Work phone: |
| Hours of Work |  |

**transport**

|  |  |
| --- | --- |
| Can you bring your child to appointments |  |
| What support can we give you to support your child attending sessions? |  |

**Referral DETAILs**

|  |  |
| --- | --- |
| Referral source:  | Full Name:  |
| Address:  | Suburb:  | Post Code:  |
| Mode:  | Phone contact:  |
| Referrer Role:  | Email address:  |
| Referrer has discussed referral with [ ]  client [ ]  client/guardian [ ]  next of kin [ ]  don’t know  |

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| **REFERRER CONCERNS***: Comments please*How long has this problem been a concern? When was the difficulty first noticed? Has the difficulty been evaluated or treated before?   Is the difficulty a medical illness?  Does the client have a suspected mental health diagnosis? Does the client have a confirmed mental health diagnosis? Is the difficulty primarily related to situational stress? Is the client on any medication?  Is the difficulty related to family issues? Is the difficulty related to child harm?  |

|  |
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| **REFERRER REPORTS***:* *(****PLEASE ATTACH A COPY WHERE POSSIBLE)***Assessments Completed – ListOther Reports e.g ROC’s, FGC’s, CAN  |

|  |  |
| --- | --- |
| **family PROTECTIVE factors**[ ]  Good family support network**[ ]**  Good social support network**[ ]**  Accesses community services and resources**[ ]**  Stable housing**[ ]**  Stable employment  | **[ ]**  Access to good adult role models**[ ]**  Personal insight into difficulties**[ ]**  Motivated to change**[ ]**  Secure family history**[ ]**  Working with Childrens Team Lead Professional**[ ]**  Working with Whanau Support Worker |

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|  |
| **Family risk factors**  |
| [ ]  Adult relationship difficulties[ ]  No family support[ ]  Current legal concerns[ ]  Domestic / Family Violence concerns[ ]  Drug and alcohol concerns[ ]  Grief and loss concerns[ ]  Social isolation / alienation[ ]  Personality concerns[ ]  Mental Health concerns | [ ]  Suicidal / self harming behaviours[ ]  Sexual abuse history (parent/family member)[ ]  Socio-economic difficulties[ ]  Accommodation issues[ ]  Learning / intellectual difficulties[ ]  Employment / income concerns[ ]  Family member in detention[ ]  Family member has a disability **[ ]**  General parenting concerns |

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| --- |
| **ANYTHING ELSE YOU WOULD LIKE US TO KNOW:** |
|  |