

Homebuilders West Coast Trust

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Te Whanau Kaha O Te Tai Poutini
www.homebuilderstrust.co.nz

REFERRAL - * (Mandatory fields **MUST** be completed)

FAMILY * Parent/Guardian name/s: _____ * D.O.B. _____

* Address: _____

* Telephone/s: _____

* Ethnicity/Iwi: _____

* Children in the family - name and date of birth * **Tick identified Child/Student referral is for**

_____ Gender _____ D.O.B. _____ Ethnicity/Iwi _____

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* Do the children live with the referred parent?

* Referral must be with the family's consent. Please confirm this is correct: Yes

* Service Required:

Buller Services

Social Work Support

Incredible Years Parenting Programme

Social Workers in Schools

Supervised Contact

Counselling

BBBS Youth Mentoring

West Coast Services

Social Work Support

Social Workers in Schools

Counselling

* Reason for referral:

* Any risks identified to workers? Yes No

(eg., historical or current mental health, drug and alcohol, violence issues or gang affiliations etc)

If yes, please specify _____

* Person completing this referral:

Name: _____

Address: _____

Telephone: _____

Role with family: _____

* Signature: _____ Date: _____

For office use only

Referrer informed (date): _____ File Number: _____

Signed: _____ for Chief Executive Homebuilders West Coast Trust