

# Homebuilders West Coast Trust

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Te Whanau Kaha O Te Tai Poutini  
[www.homebuildertrust.co.nz](http://www.homebuildertrust.co.nz)

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

FAMILY \* Parent/Guardian name/s (please circle): \_\_\_\_\_ \* D.O.B. \_\_\_\_\_  
\* Address: \_\_\_\_\_  
\* Telephone/s: \_\_\_\_\_ \*Email: \_\_\_\_\_  
\* Ethnicity/Iwi: \_\_\_\_\_

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

\_\_\_\_\_ Gender \_\_\_\_ D.O.B \_\_\_\_\_ Ethnicity/Iwi \_\_\_\_\_ School \_\_\_\_\_  
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 \_\_\_\_\_ Gender \_\_\_\_ D.O.B \_\_\_\_\_ Ethnicity/Iwi \_\_\_\_\_ School \_\_\_\_\_

\* Do the children live with the referred parent/guardian?

\* 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  
 BBBS Youth Mentoring

### \* 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