

Homebuilders West Coast Trust

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Te Whanau Kaha O Te Tai Poutini
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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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* 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
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