

# Homebuilders West Coast Trust

Office: 11 Nelson Street  
PO Box 132  
Greymouth  
Ph 03 768 6665  
E-mail:  
office@homebuildersgrey.co.nz



Office: 52 Mill Street  
PO Box 388  
Westport  
Ph 03 788 8065  
Fax 03 788 8066  
E-mail: office@homebuilderswpt.co.nz

Te Whanau Kaha O Te Tai Poutini  
[www.homebuilderstrust.co.nz](http://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 \_\_\_\_\_

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

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

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

\* 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