



Rangataua Mauriora

Tuakana Youth Programme

Service Referral form

PO Box 50079, Porirua

Phone: 04 238 4071 Fax: 04 2376436

Referral form for Tuakana Youth Programme (includes parents consent)

Entry to the Tuakana Youth Programme is when assessment information shows that:

- The young person will benefit from the range of services provided by Tuakana and it has been assessed that this is an appropriate intervention by family/whanau;
- The Tuakana Youth Programme will provide added value to family outcomes, and is in the best interest of the child, young person or family/whanau;

Referring Agencies Details:

Name: _____

Agency: _____

Phone: _____

Fax: _____

Address: _____

E-mail: _____

Clients Details:

Surname: _____

NHI number: _____

Given Name: _____

DOB: _____ Gender: _____

Other Names: _____

Age: _____ School: _____

Address: _____

Phone: (daytime) : _____

(mobile) : _____

(other) : _____

Ethnicity: _____

Iwi Affiliation: _____

Parent/Caregiver Details: (If signing on behalf of child/young person under 16)

Current Parent/Caregivers Name: _____

Relationship to child, young person: _____

Address: _____

Phone: (daytime) : _____

(mobile) : _____

(other) : _____

Parents (if different from above) _____

Reason for Referral:

Presenting Issues and Current Situation

Outcomes of the Tuakana Programme Wanted

Consent:

I have been advised that the Tuakana Programme is aimed at bringing about positive change for my child/ren/tamariki and seen the information on the programme.

- I consent to my son /daughter participating in any of the range of activities offered if accepted into the coaching for life programme. I understand that some of these activities carry a degree of risk and that while every attempt will be made to manage this risk the organisers cannot prevent totally, risk of injury.
- In the unlikely event of an injury I consent for those in responsibility to arrange emergency care as is appropriate.
- I have completed the attached health form detailing all relevant medical considerations – physical or emotional.
- I am aware of my rights of access to and correction of any information held by the Tuakana Youth Programme;
- I accept that information that is collected may later be used for statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way, it will not identify my child, me or any member of my family/whanau.
- I understand that I have the right to make a formal complaint through the Rangataua Mauriora if I am dissatisfied with any aspect of the programme.

Signed: _____
(Individual/ Parent / Legal Guardian)

Date _____ / _____ / _____