

# Vaka Pasifika Referral Form

## Referrer's Information

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Family/Fanau Information

Name: \_\_\_\_\_

Gender: -Male - Female -Other

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Preferred Time(s) to Contact: \_\_\_\_\_

Family/Whanau Details:

Name:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

5. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

6. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Service:

- Relationship Support – Family, Spouse and Parental
- Youth - Peer Pressure/Self Esteem/Hygiene
- Parenting Support
- Cultural Support
- Non-Violence Programme
- Professional Development
- Other Social Work Support Required/ Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Risks and Hazards

If Oranga Tamariki are involved, in what capacity is their involvement:

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State any mental health concerns (including risk issues or history of self harm):

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State any significant alcohol/drug issues:

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State any current or historic concerns about relationship or family violence:

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Additional information:

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## OFFICE USE

Name of person receiving referral:

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Date Received by VP:

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