

Please fill in this referral form with as much detail as possible. It is important we get a clear understanding of the need for mentoring.

CLIENT DETAILS			
Full Name			
Gender	Male	Female	Other
DOB (dd/mm/yy)			
Current Address			
Mobile Number			
Email Address			
Ethnicity / Iwi Affiliation			
School / Employer Details			

FAMILY / WHANAU DETAILS	
Full Name	
Relationship to Client	
Current Address	
Mobile Number	
Home Phone	
Email Address	

REFERER DETAILS		
Full Name		
Relationship to Client		
Agency		
Contact Number		
Email Address		
Self Referred	Yes	No
Date of Referral		

REFERRAL BACKGROUND	
What is the reason for referral?	
What are the presenting issues / current situation?	
Are there other Agencies involved?	Yes
If YES, please provide details	No
Additional Comments / Relevant Information	

YOUTH WORKER	
Our Role	<p>Youth work is the development of a relationship between a youth worker and a young person through: connecting with young people; where: young people are empowered, including the choice to engage for as long as agreed; and that: supports their holistic, positive development as taiohi that contribute to themselves, their whanau, community and world.</p>
Confidentiality	<p>Your ability to trust the youth worker to hold information in confidence is fundamental to the relationship. When confidences may need to be shared, the youth worker will explain the boundaries of confidentiality.</p> <p>These boundaries will consider the requirements of your situation/context and our professional practice Limits to confidentiality, which may lead to disclosure, apply when:</p> <ul style="list-style-type: none"> • The young person or someone else is in danger • There is an emergency situation • It is required by legislation or the courts • The young person is incapable of consenting. <p>When information is disclosed, the youth worker will endeavour to obtain your permission to seek the appropriate support. Where this is not possible youth workers will inform the young person of any disclosure. Where information is disclosed, only the minimum required for your support should be given.</p> <p>Youth workers will comply with the Privacy Act 1993, and in particular will ensure collection, storage, access, correction, use and disclosure of information is dealt with in accordance with this Act</p>
Working Collaboratively	<p>Youth workers will respect and co-operate with other professionals and/or other significant people involved in the young person's life to secure the best possible outcomes for the young people they engage with and provide the best support possible.</p>
I understand and agree to this	<p>Signed:</p> <p>Date:</p>

CONSENT		
Vehicle Consent	Yes	No
<i>I give permission, for the above referred, to be transported in either the private or work vehicle of the youth worker mentor. Transport may be required if an activity is organized.</i>		
Youth Consent to Mentoring	Signed: _____ Date: _____	
Parent / Guardian Consent	Signed: _____ Date: _____	
Consent to Approach Other Agencies for Information	Yes	No
	Signed: _____	Date: _____
Consent to Refer onto another Agency if referral cannot be accepted	Yes	No
	Signed: _____	Date: _____

OFFICE USE ONLY:

Referral Accepted: YES / NO

If NO, referred to other agency? YES / NO

Which agency? _____

Employee Name: _____

Employee Signature: _____

Date: ____ / ____ / ____