

# YOUTH SERVICES

## Community Referral Form 2024



### WHAT IS YOUTH SERVICES?

Youth Services is a free service in which trained youth workers provide one-on-one support for 11-17 year-olds who are 'at risk of offending or reoffending', as well as siblings of offenders.' We support young people to achieve positive goals in their life. It is a short-term intensive programme, typically one or two supports per week for approximately three months and can sometimes include contracted services such as counselling.

### YOUNG PERSON INFORMATION

<b>Full name:</b>		<b>Preferred name:</b>	
<b>Address:</b>	Street no & name:	<b>Male:</b>	
	Suburb:	<b>Female:</b>	
	Town/City:	<b>Other:</b>	
<b>Date of birth:</b>		<b>Place of birth:</b>	
<b>Ethnicity:</b>		<b>Hapu/Iwi:</b>	
<b>Phone:</b>		<b>Email:</b>	

### PARENT/CAREGIVER INFORMATION

#### Parent/Carer One

<b>Name:</b>		
<b>Relationship to young person:</b>		
<b>Mobile:</b>	<b>Work:</b>	<b>Home:</b>
<b>Email:</b>		
<b>Preferred method of contact:</b>		
<b>Postal address:</b> <input type="checkbox"/> Tick if same as young person's address		
		<b>Postcode:</b>

#### Parent/Carer Two

<b>Name:</b>		
<b>Relationship to young person:</b>		
<b>Mobile:</b>	<b>Work:</b>	<b>Home:</b>
<b>Email:</b>		
<b>Preferred method of contact:</b>		
<b>Postal address:</b> <input type="checkbox"/> Tick if same as young person's address		
		<b>Postcode:</b>

#### Indicate who is aware of this referral:

- Parent/Carer One
- Parent/Carer Two
- Young person

## Family/Whanau Relationships and Dynamics

Please include brief information about family relationships and dynamics, living circumstances, positive and negative relationships within the family system.

## Reasons for Referral to Youth Services

Information provided in this section is used by Gateway Intake Team to determine if referral is accepted or declined as matched against contractual criteria. The main criteria of Youth Services is 11-17 year olds who are 'at risk of offending or re-offending'.

At-Risk Factor	<input checked="" type="checkbox"/>	Provide further details; or other evidence relating to this 'at-risk' factor
Criminal activity	<input type="checkbox"/>	
Disruptive or defiant behaviour at school	<input type="checkbox"/>	
Disruptive or defiant behaviour at home	<input type="checkbox"/>	

## Other agencies involved with this young person or the family/whanau

AGENCY	CONTACT PERSON	CONTACT DETAILS: Phone and/or email:

## Recommended goals and outcomes to be achieved from this referral

GOALS AND OUTCOMES	TIME FRAME

## REFERRER INFORMATION

<b>Name:</b>	<b>Job Title:</b>
<b>Agency:</b>	
<b>Mobile phone:</b>	<b>Landline phone:</b>
<b>Email address:</b>	<b>Fax number:</b>
<b>Signature:</b>	<b>Date of referral:</b>

## CONSENT FOR EXCHANGE OF INFORMATION

*To be completed by referrer with client*

Gateway Housing Trust acknowledges the requirements of the Privacy Act 2020 and undertakes to abide by these requirements.

I, \_\_\_\_\_ give consent for staff at Gateway Housing Trust, Oranga Tamarki, NZ Police, Schools and Counsellors or other referrer to discuss any matters concerning my well-being, during my support with Gateway.

This consent is given with the clear understanding that I will be informed about any discussions taking place, what they were about and any outcomes from these discussions.

That all information provided by or about me will remain confidential within the above organisation and will not be given out without my written consent, except in situations allowed for in the Privacy Act 2020 or other legislation which allows for the provision of specific information to some Government Departments.

### SIGNED:

Young person signature:	Date:
Young person name:	
Referrer signature:	Date:
Referrer name:	

## PLEASE SEND COMPLETED FORM TO:

E: [referrals@ght.co.nz](mailto:referrals@ght.co.nz)  
F: 03 545 9000  
M: Gateway Housing Trust, PO Box 1399, NELSON 7040  
For enquiries, phone 03 545 7100