

YOUTH SERVICES

Oranga Tamariki Youth Justice

Referral Form 2024



YOUNG PERSON INFORMATION

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

Strengths – Hobbies and interests, social networks

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Dreams/Aspirations/Goals for the future

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Educational/Vocational history

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Health information

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SERVICE REQUIRED

- This section is to be completed **only by staff members of the Youth Justice Team Oranga Tamarki**.
- Youth Services also provides a counselling service. If you would like a Youth Justice client to receive counselling to address specific issues, please indicate in the 'Reasons for Referral to Youth Services' section below.
- NB: Oranga Tamarki Care and Protection staff and Oranga Tamarki Youth Workers making referrals should use the purple Youth Services COMMUNITY REFERRAL form, unless authorised to access Youth Services Youth Justice services by the Youth Justice Manager.

YOUTH DEVELOPMENT

- Tick this box for a short-term individualised programme of one-on-one support to assist a young person to complete an FGC Plan or Legal Order (2 weeks to 5 months).

MENTORING

- Tick this box for a longer-term programme (6 – 12 months) emerging from an FGC plan which provides individualised support for:
- child offenders under 14 years
 - or those who are siblings of youth offenders
 - or those who are vulnerable and on the periphery of offending behaviour.
- Please check with Youth Justice Manager or Supervisor

*NB: You cannot select both the **Youth Development** service and **Mentoring** service.*

PARENT SUPPORT

- Tick this box for a short-term individualised programme of support for parents of a Youth Justice client emerging from a YJ FGC (approximately 3 months).

INTENSIVE SUPPORT SERVICE *(West Coast only)*

- Tick this box for an intensive support programme for high need clients (includes Supported Bail or Supervision with Activity). ALL Intensive Support Service programmes must be authorised by Youth Justice Manager.

Reasons for Referral to Youth Services

Identified risks

PARENT/CAREGIVER INFORMATION

Parent/Carer One

Name:

Relationship to young person:

Mobile:

Work:

Home:

Email:

Preferred method of contact:

Postal address:

Parent/Carer Two

Name:

Relationship to young person:

Mobile:

Work:

Home:

Email:

Preferred method of contact:

Postal address:

Indicate who is aware of this referral:

Parent/Carer One

Parent/Carer Two

Client

Family/Whanau relationships and dynamics

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

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

REFERER INFORMATION

Name:	Job Title:
Mobile phone:	Landline phone:
Email address:	Fax number:
Signature:	Date of referral:

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 Tamariki, 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 provide 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:

Client Signature:

Date:

Name:

Referrer Signature:

Date:

Name:

PLEASE SEND COMPLETED FORM TO:

E: referrals@ght.co.nz

F: 03 545 9000

Gateway Housing Trust, PO Box 1399, NELSON 7040

P: 03 545 7100