



CHILD & YOUTH REFERRAL FORM

Historic Village, 17th Avenue West, Tauranga

Phone: (07) 577 1457

Email: staff@familylink.co.nz

The information in colour below is required for PRIMHD reporting.

Client/Youth Information

- **Full Name:** _____
- **Date of Birth:** _____
- **NHI (if known):** _____
- **Ethnicity:** _____
- **Street Name and Number:** _____
- **Suburb:** _____
- **Town/City:** _____

Guardian Information

- **Parents/Guardians Full Name(s):** _____
- **Parents/Guardians Contact Numbers:**
 - Home: _____
 - Mobile: _____

Referral Details

- **Date of Referral:** _____
- **Reasons for Referral:**

- **Are there any other organisations supporting the whānau?**

Referring Information

- **Referrer:** _____
- **How did you hear about us?** _____

Consent to Share Information

Please check the box to acknowledge consent for information sharing:

- I consent to Family Link contacting the referrer or other relevant agencies for the purpose of coordinating care and support services.
- I understand that Family Link is committed to protecting the privacy of all individuals and will only use the information provided for the purposes of referral and service delivery, in compliance with the New Zealand Privacy Act 2020.
- I consent to **[Referrer Organisation]** sharing my child's information (as specified above) with Family Link for the purposes of providing support. I understand that this information will be kept confidential and will only be used for the intended purposes outlined in this form.

Cultural and Safety Considerations

- **Cultural/Religious Considerations:**
Are there any cultural or religious considerations that we should be aware of when working with the child/youth or their whānau?

- **Safety Concerns or Risk Factors:**
Are there any safety concerns or risk factors that we need to be aware of in providing support to the child/youth (e.g., risk of harm, child protection issues, etc.)?

Additional Consent for Data Sharing

- **Consent for Sharing Information with Other Services:**
I consent to Family Link sharing the child's information with other relevant agencies, such as healthcare providers, social services, or educational support services, for the purpose of providing comprehensive care.
 Yes No

Submission Instructions

Please email the completed referral form to **staff@familylink.co.nz**.

Confidentiality and Limits of Confidentiality

Family Link will respect the confidentiality of the information provided. However, there are some circumstances where information may be shared without consent, such as when there is a concern for the safety of the child/youth or if required by law (e.g., child protection or criminal investigations).

Privacy Act Acknowledgment

We understand that under the New Zealand Privacy Act 2020, the information provided in this form will be kept secure and will only be used for the purpose of providing services to the child or youth referred. We acknowledge that we can request access to, or correction of any information provided.