



To: _____ Date: _____

Family/Whānau Details:

Name of Parent/Caregiver: _____ **DOB:** _____

Ethnicity: _____ **Iwi:** _____ **Gender:** _____

Language Spoken: _____ **Is a professional interpreter needed?** Yes No

Address: _____

Telephone: _____ **email:** _____

Name of other Parent/Caregiver/Partner: _____ **DOB:** _____

Ethnicity: _____ **Iwi:** _____ **Gender:** _____

Language Spoken: _____ **Is a professional interpreter needed?** Yes No

Address: _____

Telephone: _____ **email:** _____

Is the other parent/caregiver aware of this Request for Support? Yes No

Children's Details (may include unborn)

Child's Name	Gender	Date of Birth	School/Preschool Name	Ethnicity	Resides at Home
					<input type="radio"/>
					<input type="radio"/>
					<input type="radio"/>
					<input type="radio"/>
					<input type="radio"/>
					<input type="radio"/>

Family/whānau needs/key Issues: (describe what challenges you are dealing with in your family/ whānau, consider: child behaviour, parenting skills, family relationships, adult/child mental health, physical health, finances, school issues, social skills, social isolation, family court processes)

Strengths/resources/supports within family/whānau:

Previous Interactions/Supports: (if any)

_____	Agency: _____
_____	Agency: _____
_____	Agency: _____

Immediate safety concerns: (if any)

Relevant custody/access arrangements: (if any)

GP/Primary Health Provider name and contact details:

Any other relevant information:
Including any internal & external reports that have been completed

OTHER SERVICES/PROFESSIONALS CURRENTLY INVOLVED WITH YOUR FAMILY/WHĀNAU:

Name	Agency	Role	Phone

FAMILY/WHĀNAU SUPPORT NETWORK: Other family/whānau and important significant others including grandparents, carers, neighbours, extended family/whānau.

Name	Gender	Relationship	Contact Details	Resides at Home
				<input type="radio"/>
				<input type="radio"/>
				<input type="radio"/>

Family/whānau Consent Form:

I _____ (Your Name)

give consent for this request for support to Te Whiri Ora Right Service Right Time.

I understand that my information will be confidential and used by Te Whiri Ora Right Service Right Time pursuant to the Privacy Act 1993 and kept appropriately confidential.

I understand that if Te Whiri Ora Right Service Right Time identifies that there are safety concerns for me and/or others, it will, if possible, discuss the concerns with me before releasing information to the Police and/or Oranga Tamariki.

I understand that my involvement in Te Whiri Ora Right Service Right Time is voluntary and I may withdraw at any stage of the process.

Client Signature: _____ Date: _____

Thank you for contacting Te Whiri Ora Right Service Right Time.

Our coordinator will contact you within 2 weeks of receiving this form. Please email the completed form to info@rightservice.org.nz.

print finished form

save a copy of the form