

# Life Skills for Life

## REFERRAL FORM

Please complete ALL parts of this form:

DATE: .....

### Referrer details:

Name:		Email:	
Address:			
Position:		Relationship to Young Person:	
Phone No 1:		Phone No. 2	

### Young Person Details:

Surname:			
First Name(s):			
Preferred Name:			
Address while on programme (if known):			
Ethnicity:			
Iwi Affiliation (if known):			
Date of Birth:			
Age:		Gender:	
Proposed court order (please tick)	<input type="checkbox"/> SWA <input type="checkbox"/> Supervision		
Give brief details of current situation and reason for referral:			

### Young Persons Contact details:

Address:			
		Phone:	
Mobile Phone:			
Fax:			
E-mail:			
Parent/Caregiver name/s(Please circle)			
Address:			

ORIGINAL BIRTH CERTIFICATE AVAILABLE? Y / N (One will be required for driver licensing)

<b>Legal Status of Young Person:</b> <hr/> <ul style="list-style-type: none"> <li>• Draft Implementation plan</li> <li>• Copy of Court Order</li> <li>• Copy of Background on Young Person (Court reports are sufficient)</li> <li>• Copy of Court or FGC Plan</li> <li>• Other (please specify):</li> </ul> <hr/>	<b>Office Use</b> Draft Implementation Plan provided: Yes    No  Court Order Provided: Yes    No
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## Schooling:

Last School attended
Level attained
Details of any issues with the school

## Offending History:

Please give brief details of any offending behaviour (including offences where charges have not been laid):	
Does the Young Person have a current Youth Court plan or recently completed one: (circle one)	Yes      No
If Yes please give details:	
Are there any current charges pending: (circle one)	Yes      No
If Yes please give details:	

## Does the Young Person have any history of the following:

Self harm (circle one)	Yes	No
Attempted suicide or evidence of suicidal ideation?	Yes	No
Mental Illness	Yes	No
Sexual offending	Yes	No
Involvement with gangs or gang affiliation	Yes	No
Aggressive or threatening behaviour towards others	Yes	No
Alcohol dependency	Yes	No
Drug dependency	Yes	No
Abducting from previous care placements/residence	Yes	No
Any other information that may be relevant to the young person's wellbeing and the safety of our staff?		

## Accommodation:

Have accommodation arrangements been made whilst the young person is attending the programme?	Yes	No
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Is there any other information that may be relevant that is not included in any other documentation accompanying this form? If yes, please state YES/NO

## DECLARATION

I have sought permission from all necessary parties (young person, parent/caregiver), to make this referral.

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Signed  
YJ Social Worker

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Print name