

Whanganui

125 Grey Street, Whanganui 4501 PO Box 622, Whanganui 4501 Main Office (06) 349 0197 www.ymcacentral.org.nz

Palmerston North

148 Park Road, Palmerston North 4410 PO Box 1659, Palmerston North, 4440 Main Office (06) 358 8921 www.ymcacentral.org.nz



BREAKAWAY REFERRAL & REGISTRATION FORM 2024

Date: 8-12 July 2024				
Service Required				
Breakaway Holiday Programme				
Client Details				
Name:				
Address:				
Phone:				
Date of Birth: / /	Male Female Diverse			
Ethnicities:				
lwi:				
Current Education Provider:				
Doctor / Medical Centre:	Phone:			
Parent(s) or Caregiver(s) Details				
Name:	Name:			
Relationship:	Relationship:			
Address:	Address:			
Phone:	Phone:			
Referrer Details				
Organisation				
	· 1			
Contact person: Email:	Phone:			

Other agencies/professionals involved with this client



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Social Worker:	Social Worker:			Phone:				
Email:								
Youth Aid Officer:			Phone:					
Email:								
Other:			Phone:					
Email:								
Other:	er: Phone:							
Email:								
Breakaway Holiday P	rogramme Require	ments	* f	or more details pl	ease go to o	ur website		
breakaway Honday I	rogramme Require	ments	•	or more details pr	ease go to o	ul Website		
						_		
				l	l l			
Reason for Referral								
Needs Details								
Any diagnosed condition/s? If yes please give details								
Any dietary requirements or allergies? If yes please give details								



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Is medication required? If yes please give details					
Are they a beginner, immediate or experience	ced swimmer? Please circle one.				
Are you aware of any of the following:					
Self harm	Anger management issues				
Drug use	Gang affiliations	Gang affiliations			
Alcohol use	Other:	Other:			
·					
And there are activities on individuals the ve	una navana ahauld ayaid?				
Are there any activities or individuals the yo	ung person snould avoid?				
What things are they good at? What activities do they like?					
Any other comments/information that you feel we should be made aware of?					
Permissions					
Do you give permission for photos to be taken for media and promotional use? Yes No					
Do you give permission for outdoor activities and trips? Yes No					
Do you give permission for details to be stored on our datebase? Yes No					
					
Parent / Caregiver signature					
Name (please print):					
	Data				
Signature: Date: / /					

NEXT STEPS....

Please return completed form to: natasha.guilford@ycentral.nz

For Breakaway Holiday Programmes and Respite Care:

You will receive confirmation of your enrolment.

A meeting may be organised if it is deemed in the best interests of participant's safety and wellbeing.