



RESPITE REFERRAL & REGISTRATION FORM 2022

Date:	
Service Required	
Weeklong Respite Camp	Weekend Respite Camp
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	
Contact person:	Phone:
Email:	



18th – 22nd July 2022

10th – 14th October 2022



Social Worker: Email: Youth Aid Officer: Phone: Email: Other: Phone: Email: Other: Phone: Email: Other: Phone: Email: Payer details Organisation: Name: Email: Postal address: Mentoring Requirements (if Required) Number of days per week: Any times when mentoring cannot happen: Is Education with Mentoring required? No Yes Enrolled with Te Kura? No Yes Preferred start date: Preferred start date: # for more details please go to our website Week Weekend 25th - 28th January 2022	Other agencies/professionals involved with this	client
Youth Aid Officer: Email: Other: Phone: Email: Other: Phone: Email: Other: Phone: Phone: Phone: Phone: Payer details Organisation: Name: Email: Postal address: Mentoring Requirements (If Required) Number of days per week: Any times when mentoring cannot happen: Is Education with Mentoring required? No Yes Enrolled with Te Kura? No Yes Preferred start date: / / Respite Care Requirements * for more details please go to our website Week Weekend	Social Worker:	Phone:
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25" - 27" March 2022		anth anth Marvell 2022
26 th – 29 th April 2022		25 27 Iviarch 2022

17th - 19th June 2022

9th – 11th September 2022

25th – 27th November 2022





Reason for Referral			
Needs Details			
Any diagnosed condition/s? If yes please a	give details		
Any dietary requirements or allergies? If y	res please give details		
Is medication required? If yes please give details			
Are you aware of any of the following:			
Self harm	Anger management issues		
Drug use	Gang affiliations		
Alcohol use	Other:		
		·	
A un ale que con casinistica qui individuale ale qu	Chicago about de contra		
Are there any activities or individuals the y	young person should 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	?		
(eg: FGC plan, education assessment, psychological reports, bail conditions	.)		
Permissions			
Do you give permission for photos to be taken for media and promotional use	e?	Yes	O No O
Do you give permission for outdoor activities and trips?		Yes	○ No ○
Do you give permission for details to be stored on our datebase?		Yes	O No
Parent / Caregiver signature			
Name (please print):			
Signature: Date	:	/	/

NEXT STEPS....

Please return completed form to stephen.palmer@ycentral.nz 0224732298

For 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.