

RESPITE REFERRAL & REGISTRATION FORM 2022

Date:			
Service Required			
Weeklong Respite Camp		Weekend Respite Camp	

Client Details			
Name:			
Address:			
Phone:			
Date of Birth:	/	/	Male <input type="radio"/> Female <input type="radio"/> Diverse <input type="radio"/>
Ethnicities:			
Iwi:			
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:	

Other agencies/professionals involved with this client	
Social Worker:	Phone:
Email:	
Youth Aid Officer:	Phone:
Email:	
Other:	Phone:
Email:	
Other:	Phone:
Email:	

Payer details	
Organisation:	Phone:
Name:	
Email:	
Postal address:	

Mentoring Requirements (If Required)	
Number of days per week:	Number of hours per day:
Any times when mentoring cannot happen:	
Is Education with Mentoring required? No <input type="radio"/> Yes <input type="radio"/> Enrolled with Te Kura? No <input type="radio"/> Yes <input type="radio"/>	
Preferred start date: / /	

Respite Care Requirements		* for more details please go to our website	
Week		Weekend	
25 th – 28 th January 2022			
		25 th - 27 th March 2022	
26 th – 29 th April 2022			
		17 th – 19 th June 2022	
18 th – 22 nd July 2022			
		9 th – 11 th September 2022	
10 th – 14 th October 2022			
		25 th – 27 th November 2022	

Reason for Referral

Needs Details			
Any diagnosed condition/s? If yes please give details			
Any dietary requirements or allergies? If yes 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:	

Are there any activities or individuals the 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?	Yes <input type="radio"/>	No <input type="radio"/>
Do you give permission for outdoor activities and trips?	Yes <input type="radio"/>	No <input type="radio"/>
Do you give permission for details to be stored on our database?	Yes <input type="radio"/>	No <input type="radio"/>

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.