

## RESPITE REFERRAL & REGISTRATION FORM 2022

<b>Date:</b>			
<b>Service Required</b>			
<b>School Holiday Respite Camp</b>		<b>Weekend Respite Camp</b>	

<b>Client Details</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>Phone:</b>			
<b>Date of Birth:</b>	/	/	<b>Male</b> <input type="radio"/> <b>Female</b> <input type="radio"/> <b>Diverse</b> <input type="radio"/>
<b>Ethnicities:</b>			
<b>Iwi:</b>			
<b>Current Education Provider:</b>			
<b>Doctor / Medical Centre:</b>		<b>Phone:</b>	

<b>Parent(s) or Caregiver(s) Details</b>	
<b>Name:</b>	<b>Name:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone:</b>	<b>Phone:</b>

<b>Referrer Details</b>	
<b>Organisation</b>	
<b>Contact person:</b>	<b>Phone:</b>
<b>Email:</b>	

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

Payer details	
<b>Organisation:</b>	<b>Phone:</b>
<b>Name:</b>	
<b>Email:</b>	
<b>Postal address:</b>	

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

Respite Care Requirements		* for more details please go to our website	
Week		Weekend	
17 <sup>th</sup> – 21 <sup>st</sup> January 2022			
		4 <sup>th</sup> – 6 <sup>th</sup> March 2022	
18 <sup>th</sup> – 22 <sup>nd</sup> April 2022			
		27 <sup>th</sup> - 29 <sup>th</sup> May 2022	
11 <sup>th</sup> – 15 <sup>th</sup> July 2022			
		19 <sup>th</sup> 21 <sup>st</sup> August 2022	
3 <sup>rd</sup> – 7 <sup>th</sup> October 2022			
		11 <sup>th</sup> – 13 <sup>th</sup> November 2022	
16 <sup>th</sup> – 20 <sup>th</sup> January 2022			

Reason for Referral

Needs Details			
<b>Any diagnosed condition/s? If yes please give details</b>			
<b>Any dietary requirements or allergies? If yes please give details</b>			
<b>Is medication required? If yes please give details</b>			
<b>Are you aware of any of the following:</b>			
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?

<b>Any other comments/information that you feel we should be made aware of?</b>
<b>(eg: FGC plan, education assessment, psychological reports, bail conditions...)</b>

<b>Permissions</b>		
<b>Do you give permission for photos to be taken for media and promotional use?</b>	Yes <input type="radio"/>	No <input type="radio"/>
<b>Do you give permission for outdoor activities and trips?</b>	Yes <input type="radio"/>	No <input type="radio"/>
<b>Do you give permission for details to be stored on our database?</b>	Yes <input type="radio"/>	No <input type="radio"/>

<b>Parent / Caregiver signature</b>	
<b>Name (please print):</b>	
<b>Signature:</b>	<b>Date:</b> /    /

**NEXT STEPS....**

**Please return completed form to [stephen.palmer@ycentral.nz](mailto: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.