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| **CS-F-05 Aviva Tamariki Referral Form** |

*Please note the primary criteria for this referral is that the child referred is between 5-12years and is experiencing/at-risk of using family violence. For referring youth between 13-17years, please fill our Rangatahi Referral form. If your referral is for an adult (18+) using/at-risk of using violence, please fill our ReachOut referral form. For referring adults (18+) experiencing family violence, please fill our Adults Experiencing Family Violence referral form. If your referral is for long term whānau support, please complete the Whānau Resilience referral form.*

***FIELDS MARKED with (\*) ARE MANDATORY TO BE FILLED******and******EMAIL THIS REFERRAL TO*** [**referral@aviva.org.nz**](mailto:referral@aviva.org.nz)

***When referring multiple Tamariki, please complete individual form for each Tamariki.***

**Source of Referral:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***\**Organisation:** |  | ***\**Date of Referral:** |  |
| ***\**Referrer Name:** |  | ***\**Referrer’s Contact Details:** |  |

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| --- | --- | --- | --- | --- |
| ***\**Has the parent/Caregiver of the Tamariki consented to the referral?** | Yes |  | No |  |

**Consent and Confidentiality Clause:**

The referred client has the right to privacy in accordance with the Privacy Act 2020. There may be occasions when it is necessary to contact agencies such as Police, Oranga Tamariki, a mental health provider or other social service to ensure your safety or that of someone else. However, where it is considered not in the referred client’s interests to discuss it because of their own, or someone else’s safety, we will make appropriate referrals without their knowledge.

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| ***\**Service requested for:** | Group Programme: | Individual Programme: |

***\**Reason for Referral *(please give details around family violence experience and concerns, potential support needed from Aviva)*:**

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***\**Tamariki’s Information:**

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| --- | --- | --- | --- |
| **Full Name:** |  | **Gender and Pronouns:** |  |
| **Date of Birth:** |  | **Age:** |  |
| **Ethnicity (iwi):** |  | **Country of Birth:** |  |
| **Home Address:** |  | | |
| **School/Education Institute:** |  | | |

**Details of the Primary Caregiver:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***\**Full Name:** |  | | | | ***\**Relationship with the Tamariki:** | |  | |
| ***\**Address:** |  | | | | | | | |
| ***\**Phone number:** |  | | | | **Email:** |  | | |
| ***\**Is it safe to leave message?** | | Yes | If yes, | Text: | | Preferred time to call: | |  |
|  | | No | | Voicemail: | | Preferred method of Contact: | | Choose an item. |

***\**Details of the User of Violence:**

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| **Name of the User of Violence:** |  |
| **Relationship with the Tamariki:** |  |
| **Is there contact with the User of Violence?** |  |

***\**Orders:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Named on a Protection Order:** | | Yes |  | No |  | Respondent: |
| **Named on a Parenting Order:** | | Yes |  | No |  | Respondent: |
| **Current Parenting Plan?** | (Please provide information on custody/access arrangements for the Tamariki. Please also note if there is contact with the other caregiver) | | | | | |
|  | | | | | | |

***\**Family Harm experienced/witnessed by Tamariki:**

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| --- | --- | --- | --- | --- | --- |
| Physical |  | Sexual |  | Strangulation/Attempted |  |
| Intimidation/Threats |  | Emotional |  | Weapons used |  |
| Harassment |  | Isolation |  | Verbal |  |
| Social |  | Spiritual/Cultural |  | Pets/Animals |  |
| Firearms used |  | Psychological |  | Financial |  |
| Gang association |  | Cyber/ Online |  | Others: |  |

***\**Current Safety Issues:**

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***\**Details of Significant Others in Child’s Life:**

*(Includes siblings, biological parent, extended family that are significant in the Tamariki’s life)*

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| **Name** | **Relationship** | **Age** | **Contact with the Tamariki** |
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***\**Other Services engaged:**

*(e.g., Supports in School or education institute, natural or personal supports, professional supports, Oranga Tamariki, Counselling supports, etc)*

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| --- | --- | --- |
| **Support Person’s Name** | **Support Person’s Contact no.** | **Service Name/Relationship** |
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| --- | --- | --- |
| **\*Is the school aware of the family violence?** | Yes | No |

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| --- | --- | --- | --- | --- |
| ***\**Any child protection measures in place?** | Yes |  | No |  |
| *If yes, please specify: (please include any FGC arrangements, parenting plans, Oranga Tamariki notifications)* | | | | |

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| --- | --- | --- | --- |
| ***\**Any risks for Staff to consider:** | Yes |  | If yes, please specify *(e.g., gang associations, weapons, previous harm to staff)*: |
| No |  |