**

Seuga Programme**: Referral Form**

**Referral Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation/Church****Community** |  | **Date of Referral** |  |
| **Time of Call** |  | **Duration of Call** |  |
| **Referrer Name** |  | **Referrer’s Phone** |  |
| **Referrer’s Email** |  | **How Referral received** |  |
| **Has the person given consent?** | **Yes**  | **No** |

**Client Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Legal Name** |  | **Gender** |  |
| **Matai/Chiefly Names** |  |
| **Date of Birth** |  | **Age** |  |
| **Address** |  |
| **Phone** |  | **Email** |  |
| **Are we able to leave a message** | **Yes**  | **No** |  |
| **Ethnicity (Pacific Island)** |  | **Country of Birth** |  |
| **If you were born overseas, when did you arrived in New Zealand?**  |  |
| **Do you speak and understand English?**  | **Fluent**  |  | **Fair** |  | **Understand some**  |  | **Cannot speak English**  |  |
| **Can you speak and understand another Pacific Island language, and which Pacific language(s)?****Please write down Pacific Island languages that you can speak:** |

**Client’s Family Details:** Partner or Ex-partner’s name:

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Legal Name** |  | **Gender** |  |
| **Matai/Chiefly Names** |  |
| **Date of Birth** |  | **Age** |  |
| **Ethnicity** |  | **Country of Birth** |  |
| **If your partner/ex-partner was born overseas, when did he/she arrived in New Zealand?** |  |

Please list all children under the age of 18 names and ages. Including stepchildren or children in the client’s care.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **DOB**  | **AGE**  | **ETHNICITY** | **RELATIONSHIP TO CLIENT** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Current risks and reason for the referral**

|  |
| --- |
|  |

**Alcohol / Drug use?**  **YES/NO**

Has the client been assessed for alcohol or drug use?

Do you feel that the client has A & D issues that would impact on their ability to engage with SEUGA services?

**Gambling** **YES/NO Unknown**

Does the client have a history of problem gambling?

Has the client received any support in relation to the gambling problem?

**Criminal History** **YES/NO**

If yes, please give details:

Does the client have a current Protection Order, Bail conditions, Probation conditions or Parenting Orders?

 **Yes**  **No**

If yes, please give details:

Does Oranga Tamariki have any current involvement with the family? **Yes No**

If yes, please give details:

**Mental Health Wellbeing**

Does the client have any Mental Health risks that may impact on SEUGA staff delivering the services?

If yes, please give details:

Referrer’s signature: Date:

Please return this form to SEUGA via email referral@aviva.org.nz

P.O. Box 24161 Christchurch 8141