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| **CS-F-07 Aviva ReachOut Referral Form** |

*Please note the primary criteria for this referral is that the person referred is an adult (18+) using/at-risk of using violence. If your referral is for an adult (18+), experiencing family or domestic violence as defined by the Family Violence Act, please fill our Aviva Adult Experiencing Violence referral form. For referring children (5-12years) exposed to/witnessing family violence, please fill our Tamariki referral form. For referring youth (13-17years) who are experiencing/using/at-risk of using violence, please fill our Rangatahi 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)

**Source of Referral:**

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

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| ***\**Has the client consented to the referral?** | Yes |  | No |  |

**Consent and Confidentiality**

You have 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 your interests to discuss it because of your own, or someone else’s safety, we will make appropriate referrals without your knowledge.

**Reason for Referral *(please give details around violence used, current risk and concerns, potential support needed from Aviva)*:**

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**Client Information:**

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| ***\**Full Name:** |  | | | | ***\**Other Known Name/s:** | |  | |
| ***\**Gender:** |  | | | | ***\**Pronoun:** | |  | |
| ***\**Date of Birth:** |  | | | | ***\**Age:** | |  | |
| ***\**Ethnicity (iwi):** |  | | | | ***\**Country of Birth:** | |  | |
| ***\**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. |

**Other Party’s Details *(please give details of other person involved in client’s life and impacted by their behaviour):***

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| ***\**Full Name:** |  | | ***\**Gender and Pronoun:** | |  | |
| ***\**Date of Birth:** |  | | ***\**Age:** | |  | |
| ***\**Ethnicity (iwi):** |  | | ***\**Country of Birth:** | |  | |
| ***\**Relationship with the client:** | |  | | | | |
| ***\**Length of the relationship:** | |  | | ***\**If separated, how long ago:** | |  |

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| **Does the client have any Children (under 18)?** *(if yes, please list their details below)* | | | | **Yes** |  | **No** | |  |
| **Name** | **Date of Birth** | **Gender** | **Residing with** | | | | **Orders in place** | | |
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| ***\**Has the client been assessed for Alcohol and/or Drug Use?** | Yes | No |
| If yes, please specify details (please also indicate if it may impact service delivery): | | |

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| ***\**Does the client engage in Gambling or has a history of gambling?** | Yes | No |
| If yes, please specify details (please also indicate if it may impact service delivery): | | |

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| ***\**Please indicate if the client has a criminal history?** | Yes | No |
| If yes, please specify details (please also indicate if it may impact service delivery): | | |

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| ***\**Are there current Bail conditions in place for the client?** | Yes | No |
| If yes, please specify details (please also indicate if it may impact service delivery): | | |

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| ***\**Are there current Probation conditions in place for the client?** | Yes | No |
| If yes, please specify details (please also indicate if it may impact service delivery): | | |

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| ***\**Is there a current Protection Order in place with the client as Respondent?** | Yes | No |
| If yes, please specify details (please also indicate if it may impact service delivery): | | |

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| ***\**Is there a current Parenting Order in place with the client?** | Yes | No |
| If yes, please specify details (please also indicate if it may impact service delivery): | | |

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| ***\**Does the client have any Mental Health concerns?** | Yes | No |
| If yes, please specify details (please also indicate if it may impact service delivery): | | |

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| ***\**Does the client have access to weapons or firearms?** | Yes | No |
| If yes, please specify details: | | |

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| ***\**Does the client have current or previous gang associations?** | Yes | No |
| If yes, please specify details: | | |

***\**Supports in place: *(please indicate other services/agencies involved or referred to, personal supports, cultural supports)***

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| **Support Person’s Name** | **Support Person’s Contact no.** | **Service Name/Relationship** |
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| ***\**Any risks for Staff to consider:** | Yes |  | If yes, please specify: |
| No |  |