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| **CS-F-08 Aviva Whānau Resilience Referral** |

*Whānau Resilience is for any person wanting to make a commitment to a violence-free life; or who is looking for healing and recovery from family and/or sexual violence.*

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

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| **Date of Referral:** | Click or tap to enter a date. |

Aviva Whānau Resilience encourages self-referral. If you are completing this **referral for yourself**, please feel free to add your personal thoughts and experiences into any segments aimed at professionals.

If you are a **professional completing this referral**, it is suggested that you do so in collaboration with the person you are referring, and wherever possible include the voice of the whai ora directly.

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| **Are you completing this referral for**  | Yourself [ ]  | Someone else [ ]  |
| **If referring someone else, has the person consented to this referral** | Yes [ ]  | No [ ]  |

**Client Information:**

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| ***\**Full Name:** |       | ***\**Gender and Pronouns:** |       |
| ***\**Date of Birth:** |       | ***\**Country of Birth:** |       |
| ***\**Ethnicity:** |       | ***\**Iwi/Hapu:** |       |
| ***\**Address:** |       |
| ***\**Phone number:** |       | **Email:** |       |
| ***\**Are we able to leave message?**  | Yes [ ]  | No [ ]  |
| If yes,  | Text: [ ]  | Voicemail: [ ]  |

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| **For self-referrals, do you identify as being on a journey of healing and recovery from family and sexual violence.** | Yes [ ]  | No [ ]  |

**If self-referral, please provide a brief description your journey.**

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***\*\*Please respond to the following questions in collaboration with the person you are referring. \*\****

**If referring someone else, please provide your details:**

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| **Referrer’s Name:** |       | **Best contact (Email or Phone):** |       |
| **Relationship with the Client:** |       | **Organisation:** |       |

**If professional, please provide a brief description of engagement and work completed:**

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**How long have the person been on the journey of healing and recovery?**

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|       |

**Is anyone else on that journey with the person? And Who?**

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|       |

**What does the person/you hope to get from the service?**

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***\*\*Please complete this section for both self-referral and referring someone else. \*\****

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| **Please mark one or more of the things you want to achieve from the options below:** |
| Support my trauma healing and recovery from Violence[ ]  | Strengthen my cultural identity and whakapapa[ ]  | Create healthy relationships and skills[ ]  | Support behaviour changes around my own use of violence[ ]  | Strengthen social capability and community connections for myself and my whānau[ ]  |

**Other Services engaged:**

|  |  |
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| 1. |       |
| 2. |       |
| 3. |       |
| 4. |       |
| 5. |       |