



Youth Justice Programme

Referral and Consent Form

Date of referral	
Name of young person	
Date of birth	
Ethnicity Iwi/hapu	
Address	
Home phone Cell phone	
School attended and year level	
Primary parent/caregiver information	
Name	
Relationship	
Ethnicity Iwi/hapu	

Address	
Home phone Cell phone	
Alternative contact person	
Name	
Relationship	
Address	
Home phone Cell phone	
Additional Information	
Name of GP Practice Phone	

Permission for involvement in Community Youth Programme Activities I consent to allowing the named young person to participate in activities provided by Safer Ashburton. I understand that Safer Ashburton District will not be held responsible for any injuries or mishaps that may occur, however all necessary precautions and care to ensure the youth's safety will be taken.

Consent to release or obtain information I give permission for Safer Ashburton to release or obtain relevant information from other social service organizations that will assist in working alongside the young person. Safer Ashburton collects, records, and stores information in keeping with the Privacy Act 1993. There are limits to confidentiality when care and protection concerns are present or when commissions of crimes are suspected. Clients are able to access personal information held by Safer Ashburton. Quality assurance assessors from the Ministry of Social Development may sight personal information when undertaking audits of our organization.

Complaints procedure

Safer Ashburton has a formal complaints procedure. If you wish to make a complaint, please contact the Community Youth Programme Worker or the General Manager at Safer Ashburton, 44 Cass St, Ashburton on 03 308 1395.

Parent/caregiver

Signed : _____

Date:

Young person's strengths
Family/whanau strengths
Areas of need
Goals for young person on programme
Recreational Activities and Interests
Relationships with peers

Current charges against the young person (attach additional information if history relevant)		
Date of arrest		
Date of supported bail application		
Youth Court		
Oranga Tamariki Social Worker		Email
<p>Documents/ Information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> TRAX/Wellbeing <input type="checkbox"/> Current FGC plan <input type="checkbox"/> YORST <input type="checkbox"/> Current Court or other relevant report <input type="checkbox"/> SACS/CKS <input type="checkbox"/> Contact list <input type="checkbox"/> Other 		
Other agencies involved:		
<p>High risk behaviours:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Absconding <input type="checkbox"/> Alcohol and Drug <input type="checkbox"/> Arson <input type="checkbox"/> Family struggles <input type="checkbox"/> Sexual offending <input type="checkbox"/> Truancy not engaged in education <input type="checkbox"/> Violence <p>Comments:</p>		

We have read and understood the information contained in this consent and referral form.

Referrer

Signed..... Designation.....
Date.....

Parent/caregiver

Signed..... Relationship.....
Date.....

Young person

Signed..... Date.....

Please return to

**Community Youth Programme
Safer Ashburton District
44 Cass Street
Ashburton**