

REFERRAL FORM

We offer a range of free health, education, employment and social services to achieve the best outcome for you and your family. If you want to access our support, or you are supporting someone please complete this form. Our team will contact you within 24 hours of receiving the referral. If you are referring yourself to access support, please complete sections 1 & 2 only and email it to: reception@kautepasifika.co.nz

1. PERSONAL DETAILS

First name

Last name

Date of birth

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

Gender

Ethnicity

Address

Contact phone number
(home/mobile)

1. REFERRER DETAILS

Name of
referrer/organisation

Reason for referral

Contact phone number
(home/mobile)

CONSENT

K'aute Pasifika requires you to consent to all services being provided for you and your family:

I fully understand the information given to myself/family about services offered by K'aute Pasifika.

- I have had the Code of Health Disability Services Consumer Rights and K'aute Pasifika Complaints process explained/given to me.
- I understand I have the right to decline or withdraw from K'aute Pasifika services at any time.
- I understand that all my information will records will be kept confidential and will only be discussed with appropriate agencies following consent, unless there are concerns about the safety of a child or other family members. In this situation information may be shared with appropriate agencies.
- I understand that non identifying information may be used for auditing, reporting and research purposes to monitor and improve K'aute Pasifika services.

I consent for my family (including children under the age of 18 years), and those living away from home to the following:

- Utilisation of services provided by K'aute Pasifika in the areas of health, education, employment and social services. And the sharing of information with the appropriate services that will benefit myself and my family's wellbeing.
- K'aute Pasifika staff to organise, facilitate meetings that would involve me and my family with agencies.
- Participation in research in areas of health, education, employment and social services.
- I understand I have the right to decline/withdraw from K'aute Pasifika services at any time.

I (client/guardian) agree to all of the points above

Name

Signature

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y