Adult Services Referral Form

18 years and over

- Please answer all questions
- If information is unavailable or a question is not applicable, please indicate this.
- Incomplete referral forms cannot be processed and will be returned to the referrer.
- Referrals can be sent to: PO Box 8726, Newmarket, Auckland 1149 | Faxed to 09 377 9229

PERSON BEING REFERRED DETAILS:

Name of person being referred:		
Date of birth: / /	Age:	☐ Male ☐ Female ☐ Gender-diverse
Ethnicity:	Iwi / Hapu	
Address:		Postcode:
Home phone:	Work phone:	Mobile:
Email:	Occupation:	

REFERRER DETAILS

Referred by:	☐ Self	☐ Agency	☐ Relative:	☐ Other – please describe
Referrers name:	Position:			
Agency:	Branch:			
Address:	Postcode:			
Home phone:	Work phone:	Mobile:		
Email:				

SUPPORT PEOPLE AND FAMILY CONTACT DETAILS

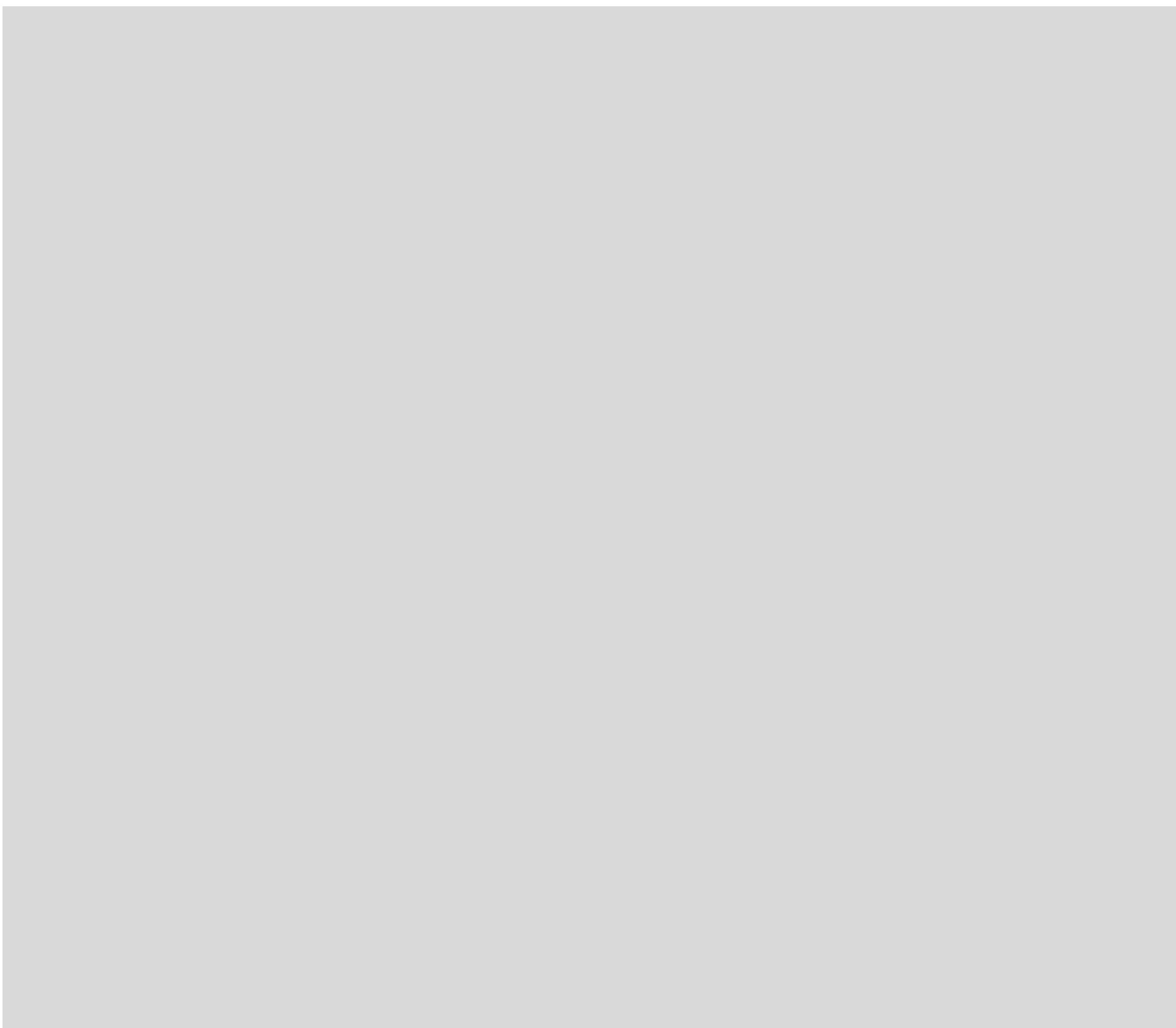
Name:		
Relationship to person being referred:		
Address:		Postcode:
Home phone:	Work phone:	Mobile:
Email:		
Name:		
Relationship to person being referred:		
Address:		Postcode:
Home phone:	Work phone:	Mobile:
Email:		

LEGAL SITUATION

Is there a court case pending?	☐ No	☐ Yes – sentencing date is / /
Is the person being referred currently in prison?	☐ No	☐ Yes – likely release date is / /
Is the person being referred on a community-based sentence?	☐ No	☐ Yes – details of sentence below:

Home detention	Start date is / /	End date is / /
Supervision	Start date is / /	End date is / /
Parole/release conditions	Start date is / /	End date is / /
Person being referred PRN number (required):		

Special conditions:



Offence(s)

Has the person being referred (the client) ever been the victim of sexual abuse?	☐ Yes	☐ No
Has the person being referred ever lodged an Integrated Sensitive Claims (ISCC) with ACC	☐ Yes	☐ No

Please include any documents or reports relating to past or current legal situation(s).

DETAILS OF HARMFUL SEXUAL BEHAVIOUR

Please provide a brief description of the harmful sexual behaviour.

VICTIM DETAILS

Victim	Gender (M/F)	Relationship of the victim to the person being referred	Current age of victim	Victims age range when harmful sexual behaviour occurred
1				
2				
3				

SUPPORT

Please indicate what steps have been take to address the needs of children affected by the harmful sexual behaviour and provide the names of counsellors and/or social workers involved with them:

OTHER AGENCY INVOLVEMENT *(if any)*

Describe current or past history of any other agency involvement, if any:
Please include with the referral any document or reports relating to other agency involvement.

REPORTS

Please ensure the following reports, where available are included with the referral:

Report	Written by	Date:	☑ if included
Victim Impact			☐
Summary of evidential review			☐
Police summary of facts			☐
Sentencing notes			☐
Psychological Report			☐
Neuropsychological Report			☐
Educational Report			☐
Psychiatric Report			☐
Medical Reports			☐
Oranga Tamariki notes			☐
Traffic and Criminal Conviction history			☐
Provision and Advice to the Courts			☐
ASRS Score (Corrections only)			☐
Other:			☐

OTHER COMMENTS OR ADDITIONAL INFORMATION

Please provide additional information or comment further on any of the above sections:

COMPLETION CHECKLIST AND REFERRER SIGNATURE

Before sending the referral, please check the following and sign below:

- All sections and information have been completed
- All reports and documents have been included
- The referrer has signed and dated the referral below. Unsigned referrals will not be accepted
- **The person being referred acknowledges and agrees with the referral being made.**

Referrer's signature:	Date: / /

Safe Network will store all personal information collected in a client management database managed by Trinity Alliance, a grouping of three agencies providing similar services: Safe Network, WellStop and Stop. Personal information stored in the Trinity Alliance client management database may be accessible to the other agencies within Trinity Alliance.

All Trinity Alliance agencies will respect the confidential nature of a Client's personal information.

ADDITIONAL NOTES: