

Youth Services Referral Form

Please complete all sections

Referrers Details

Name	
Organisation (if relevant)	
Address	
Mobile	
Email	

Young Persons Details

Name	
Address	
Contact Number	
Gender/Identity	
DOB	

Ethnicity

	NZ/European		
	Maori	Iwi	
	Other (please state)		

Caregiver 1

Relationship	
Name	
Address	
Contact Number	

Caregiver 2

Relationship	
Name	
Address	
Contact Number	

Programme Referred

Fresh Start Referral (For Youth Justice Social Workers ONLY)	
180 Intensive Mentoring with Camps (up to 2 sessions a week)	
180 Mentoring contract (1 sessions a week)	

Ministry of Education ONLY	
ENGAGE Programme	
Customised contract length	

Oranga Tamariki (Care and Protection)	
180 Intensive Mentoring with Camps (up to 2 sessions a week)	
180 Mentoring contract (1 sessions a week)	

Private Referrals	
180 Mentoring with Camps	
180 Mentoring	
Adventure180 Camps only	
Customised contract length	

Medical History (physical and mental):

NB: Please also complete a full medical form found on our website.

Completed	Not Completed	
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Any sensitive medical history (that you do not want Young Person to see)?

Schooling:

Currently attending school?

Yes		NO	
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Enrolled School	
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Living Arrangements:

Is Young Person currently living at home?

Yes		No	
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Who is Young Person currently living with?

What are the Young Person's strengths, interest or hobbies?

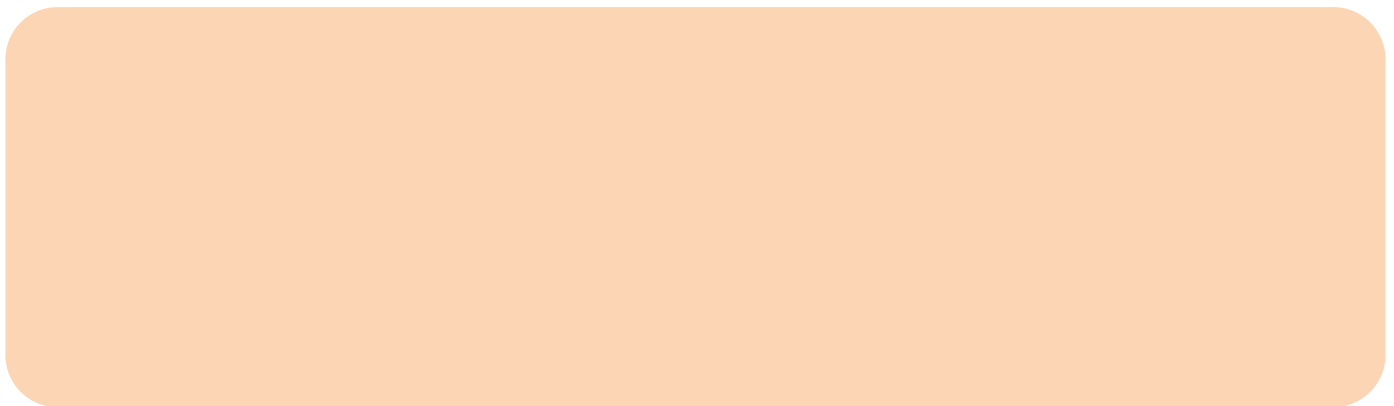
Details of any non-association orders:

Details of any offences:

Main concerns regarding this Young Person:



Reason for referral and desired outcome:



Please ensure you save this form to your computer on completion.

Note: When emailing this form to admin@180degrees.org.nz please attach relevant assessments and any other information regarding the Young Person we well as the completed Medical Form.