



Te Oranganui Trust
133 Wicksteed Street
Terrace House
Whanganui
Phone: 349 0007
Referrals@teoranganui.co.nz

REFERRAL FORM

WHĀNAU BEING REFERRED						
Name					NHI No:	
DOB		Age		Gender (circle)	Male / Female / Non-binary	
Address					Phone Contact	
Email			Religion			
Ethnicity			Iwi			

WHĀNAU SUPPORT PERSON/ PRIMARY CAREGIVER				
Name			Phone	
Address			Relationship to Referral	

REFERRAL SOURCE				
Name			Phone	
Organisation			Email Address	
Comments: (Brief whānau history, risks to assist with support requirements)			Role/Position	

REGISTRATION	
Are you currently registered with Te Oranganui Service/s?	
Who is your support worker?	
Are you Registered with a GP/ Medical Centre?	

PLEASE TURN OVER – SIDE B

PLEASE INDICATE WHICH OF THE FOLLOWING BEST DESCRIBES YOUR NEEDS:

Physical Health & Wellbeing		Mental Health (Adult or Youth Support)	
Disability Supports		Alcohol & Other Drug Addictions	
Groups & Programmes		Justice & Corrections	
Employment & Skills		Gambling Addiction	
Education & Training		Housing Supports	
Financial Assistance		Whānau Social Supports	
Environmental Concerns		Whānau Connections & Relationships	
Te Ao Māori – Whakapapa, Iwi, hapū connections, Traditional Rongoa Māori		Advocacy – Community Supports, Agencies and Government Departments	

Other: *Please specify*

WHĀNAU REFERRAL INFORMATION / WHĀNAU STORY

What supports do you as a whānau need to achieve safety, change & wellness?

ATTENTION AGENCY/ REFERRER – Has consent been obtained from the whānau to submit a Referral on their behalf?

Please note – If “No”, this referral may not be accepted by our Organisation

Please circle
Yes / No

WHĀNAU CONSENT – Kaimahi, please explain the Consent process with whānau so that they are clear



I/ We consent to having a Te Oranganui Trust representative make contact and answer questions that I/We may have about Te Oranganui Services.



/We understand that my/our information and details will remain strictly confidential, and I/we are under no obligation to enrol with the organisation.

Whānau Signature:

Date: