

# Social Worker in Schools Referral Form



**Social Workers in Schools**  
Te Hunga Tauwhiro i te Kura

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Agency/Service: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Client Details

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Ethnicity/Iwi Affiliation: \_\_\_\_\_

## Household Composition

Adults (Names): \_\_\_\_\_

\_\_\_\_\_

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

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Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Ethnicity/Iwi Affiliation: \_\_\_\_\_

**Family Consent to Referral** (please tick)

