

CLIENT REFERRAL FORM



Community Networking Trust

'A Healthy, Resilient and Connected Community'

The Community Networking Trust delivers a range of social and community services managed onsite. Please use this form to refer a client to one or more of the services below. Complete the relevant sections of this form and email it to referrals@cnt.org.nz. Please note: the client care team may discuss this referral to ensure the whanau/young person receive the best service for their current needs.

Service	Description of Service	Service Required
Strengthening Families Coordinator	For whanau needing support and coordination while working with multiple agencies	
Youth Workers	<ul style="list-style-type: none">Medium to high intensity wraparound support for tamariki (5-18 years) at high risk of poor life outcomes. Priority given to pre and post Oranga Tamariki referrals.Group programmes that support social connectedness and resilience.	
Elevate He Poutama Rangatahi Youth Employment Pathways	For rangatahi aged 15-24 that are NEET (not engaged in school, or in employment or training): <ul style="list-style-type: none">Mentoring and pathway planningNCEA 4USupport into employment and training	

SECTION 1 Referrer Details

Date of referral:

Referred by:

Agency/service:

Phone:

Email:

Signature/eSignature

SECTION 2 Client Details

Name:

Age:

Date of Birth:

Gender:

Address:

Ethnicity:

Iwi:

Phone Number:

Email address:

Name of current school:

If young person is 16 or under:

Parent/Caregiver:

Relationship to young person:

Address:

Phone Number:

Community Networking Trust, 1 Charlton Lane Gore 9710. Phone: 03 2088480. Email: referrals@cnt.org.nz

HAS THE WHANAU AND/OR YOUNG PERSON GIVEN CONSENT FOR THIS REFERRAL TO BE MADE ☐

Additional family members:

Name	Birthdate	Age	School

SECTION 3 Reasons for referring

What other agencies are working with this individual/whanau?

Current Situation: