



**NGĀ TAU MIHARO MŌ NGĀ MĀTUA**  
**INCREDIBLE YEARS PARENT PROGRAMME**  
**REFERRAL FORM**

for Parents

PARENTS/CAREGIVER, YOU MAY FILL THIS FORM IN YOURSELF OR A REFERRER MAY DO SO ON YOUR BEHALF.  
WE WILL LET YOU KNOW WHEN A PROGRAMME IS AVAILABLE.

**Parent/Caregiver details:**

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Address: _____	Address: _____
_____	_____
Contact: Home: _____	Contact: Home: _____
Work: _____	Work: _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____
Ethnicity: _____	Ethnicity: _____
_____	_____
<i>(List up to 3 and include Iwi)</i>	<i>(List up to 3 and include Iwi)</i>

Is this a B4 School Check Referral?    Yes     No

Preferred session to attend:    Daytime     Night     Either     Own Transport:    Yes     No

**Child details:**

**Main child to focus on:**    Name: \_\_\_\_\_

Present age of child    3    4    5    6    7    Date of birth: \_\_\_\_\_    Female  Male

Ethnicity: \_\_\_\_\_  
*(List up to 3 and include Iwi)*

Name of School or ECE child is attending: \_\_\_\_\_

Behaviour of concern: \_\_\_\_\_

Diagnosis (if known): \_\_\_\_\_

Number of children in whānau: \_\_\_\_\_

Are there any care and protection issues?    Yes     No

**If yes – please provide details, especially any safety concerns:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Are children living with parent for at least 3 - 4 days / nights per week?    Yes     No

If no please provide details:

\_\_\_\_\_

\_\_\_\_\_

Other children in the family with behaviour concerns (*continued if required*):

Name	Date of birth	Gender	ECE / School

Behaviour concerns of any children listed above:

Referrer's details (*only if you are referring parents to Incredible Years*):

Name: \_\_\_\_\_ Role: \_\_\_\_\_

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

Name of child receiving Special Education service (*if applicable*): \_\_\_\_\_

Te Pātaka code/CMS (Special Education to fill in if applicable): \_\_\_\_\_

Key Worker (if applicable): \_\_\_\_\_

Other agencies involved with the family and/or child (if known): \_\_\_\_\_

Consent to refer family    Yes     No

I understand my information could be used for statistical purposes only.

I understand the Ministry of Education contracts other Non Government Organisations to provide Incredible Years Parent programmes and my referral information may be shared with them.

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Signature of Parent/Caregiver

Date: \_\_\_\_\_

Date: \_\_\_\_\_