



**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: _____