



“Parenting Our Teenagers”

It can be fun!

Referral Form

Completion of this referral to the “Parenting Our Teenagers” sessions is for consideration for acceptance into the 5 week programme.

Information gathered from this referral will be used to consider whether the rangatahi (teenagers/young people) meets the criteria for parents &/or caregivers to attend. This decision will be made in collaboration with the rangatahi’s whānau/family.

Criteria will include that whānau / family members are motivated to attend the programme after a hui with the facilitators who are employed by Skills4Living and trained in evidence based positive parenting techniques.

Date of Referral:	
Name of Referrer:	
Contact details of Referrer: Name and address of organisation:	
Telephone/s:	
E-mail:	

Parent/Family/Whānau wishing to attend “Parenting Our Teenagers”:	
Name/s:	
Ethnicity:	
Address:	
Post Code:	
Telephone/s	
E-Mail:	
Relationship to child:	

Details of teenager whose behaviour is of concern:	
Name:	
DOB:	
Ethnicity:	
Diagnosis: (if applicable)	
Name of school/college	

Details of other child/teenager in family whose behaviour is of concern:	
Name:	
DOB:	
Ethnicity:	
Diagnosis: (if applicable)	

Other children in family	
Name: Age:	Name: Age:
Name: Age:	Name: Age:

Other agencies/organisations involved with supporting the family

From the options below please tick your preference to attend "Parenting Our Teenagers"

	Daytime	Evening
Weekday		
Weekend		

Reason for Referral: (*The behaviour of concern, when it began, what you have tried*)

Professionals please note:

If you are referring parents/caregivers as part of your work with an agency or organisation your ongoing involvement and support for the parent/s for the duration of the programme is encouraged.
 Parents / caregivers are required to consent to this referral before it is submitted (see below)

Consent for Referral for participation: (Signed by attending Parent/Caregiver):

I consent for a referral to be made to "Parenting Our Teenagers" programme.

Name (Please Print):

Signed:

Date:

Please return referral form to:

info@skills4living.co.nz
 Skills4Living
 8 Bath Street
 Levin 5510

Office use only:		
Complaints Procedure	Yes	No
Clients Role & Responsibilities	Yes	No