

## ADULT SERVICES REFERRAL FORM

### 18 years and over

Please answer all questions.

Please indicate if information requested is unavailable or not applicable.

Incomplete referrals cannot be processed and will be returned.

Referrals can be sent to:

**P:** PO Box 8726, Newmarket, Auckland 1149

**F:** 09 377 9229 **E:** info@safenetwork.org.nz

#### COMPLETION CHECKLIST Before submitting referral, please confirm the following

All sections have been completed and information provided	
All reports and documents have been included	
The person referred consents to the referral being made	
The referrer has certified and dated the referral below	

#### REFERRER CERTIFICATION

I confirm that to the best of my knowledge, the information provided in this referral is accurate and complete, except as noted otherwise.

I confirm that the person being referred is aware of the referral being made and has consented to this.

Referrer Name	
Signature*	
*If unable to provide signature, please tick to certify the representations above.	
Date	/ /

Safe Network stores all personal information collected in a client management database managed by Trinity Alliance, a grouping of three agencies providing similar services: Safe Network, WellStop and Stop. Personal information stored in the Trinity Alliance client management database may be accessible to the other agencies within Trinity Alliance. All Trinity Alliance agencies will respect the confidential nature of a client's personal information.

**DETAILS OF PERSON BEING REFERRED**

Name of person being referred	
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Date of birth	/	/	Age at date of referral	
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Gender	Male	
	Female	
	Gender-diverse	

Ethnicity (may be multiple)	NZ European	
	Maori	
	Samoan	
	Tongan	
	Chinese	
	Indian	
	Fijian	
	Cook Islands Maori	
	Other (detail below)	

Iwi / Hapu (if NZ Maori)	
Sexual Orientation (if known)	
Religious Affiliation (if known)	
First/Preferred Language	

Contact information	
Street Address	
Suburb	
Town/City	
Postcode	
Home phone no.	
Work phone no.	
Mobile phone no.	
Email	

Employment or Education/Training status	Employed in full-time work	
	Employed in part-time, casual or fixed term work	
	Enrolled in, and attending education/training	
	Enrolled in, but not attending education/training	
	Neither employed nor enrolled in education/training	

Brief description of Harmful Sexual Behaviour (HSB)
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Victim details
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Victim	Gender (M/F/GD)	Current Age	Age range when HSB occurred	Relationship to person referred
1				
2				
3				

Support provided to children affected by the HSB including names of any counsellors and/or social workers involved.
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Current or past involvement of other agencies with the person referred, whether for HSB or for other reasons relevant to this referral.

Agency/Professional	Purpose	Timeframe

Own victimisation	Has been the victim of sexual abuse	
	Has lodged an Integrated Sensitive Claims (ISCC) with ACC	

Clinical considerations	Developmental/Cognitive concerns	
	Trauma/Victimisation	
	Drug/Alcohol concerns	
	Mental health concerns	
	ADHD	
	Autism	
	FASD	
	Suicidal ideation	
	Physical health concerns	

Risk	Risk of harm to self	
	Risk of harm to others	
	Risk of harm from others	

Legal considerations (\*provide further details in relevant section below)

1. On sentence/parole for child sex offences*	
2. Under IDCC&R Act court order*	
3. Under Mental Health Act court order*	
4. Convicted for child sex offences, awaiting sentencing*	
5. Charges laid/Court process pending*	
6. Under investigation/Charges pending*	
7. Currently in prison*	
8. No involvement by enforcement agencies (e.g. Police, DIA) or courts	

1. On sentence/parole for child sex offences (Dept of Corrections referrals)				
Sentence	Yes	No	Start date	End Date
Home detention				
Supervision				
Parole/release conditions				
PRN Number				
Details of Special conditions				
Offences convicted for				
ASRS Score				

2. Under IDCC&R Act court order (Disability Support Services referrals)	Date
Date of IDCC&R Court Order	
Date of most recent specialist assessment	
Date next specialist assessment due	

3. Under Mental Health Act court order	Date
Date of Mental Health Act Court Order	
Date of most recent specialist assessment	
Date next specialist assessment due	

4. Convicted for child sex offences, awaiting sentencing	Date
Date of conviction	
Indicative date of sentencing	
Remand conditions	
Offences convicted for	

5. Charges laid/Court process pending	Date
Date charges laid	
Indicative date of court hearing	
Bail conditions	
Offences charged for	

6. Under investigation/Charges pending	Date
Date enforcement agency first engaged with person referred	
Enforcement Agency/Agencies	
Matters under investigation	



**REFERRER DETAILS**

Referred by (tick one)	
Self	
Family member	
Community Professional	
DHB/Health Professional	
Lawyer	
Police	
Disability Support Services IDCC&R order	
Dept of Corrections Community Probation	
Other	

Referrer name and details	
Name	
Position/Job title	
Contact phone number (DDI)	
Mobile phone no.	
Contact email	

Organisation name	
Organisation branch	
Organisation phone no.	
Email	
Address	
Postcode	

**SUPPORT PEOPLE**

Support Person 1	
Name	
Relationship to person referred	
Home phone no.	
Work phone no.	
Mobile phone no.	
Email	
Address	
Postcode	

Support Person 2 (if applicable)	
Name	
Relationship to person referred	
Home phone no.	
Work phone no.	
Mobile phone no.	
Email	
Address	
Postcode	