



Community Networking Trust – Client Referral Form

Please use this form to refer a client to one or more of the services delivered by the Community Networking Trust. Please be aware our team may need to discuss this referral, to ensure the whanau/young person receive the best service for their current needs, the right service, right time approach. If you are unsure which is the appropriate service, fill in as much information as possible and please email to family.whanau.navigators@cnt.org.nz.

The following services are available through the Community Networking Trust:

Service	Description of Service	Service Required
Individual Support Team		
Youth Worker Ali and Becca - youthworker@cnt.org.nz	Supporting at risk young people aged 5-18 to achieve positive outcomes.	
Learning 2 Earning Navigator Sheree - sheree.johnstone@cnt.org.nz	Supporting young people aged 15 – 24, with well-being and life skills and to engage effectively in employment, education and training.	
Whanau Support Team		
Strengthening Families Gail - sfgore@cnt.org.nz	For whanau working with multiple agencies that need coordination.	
Family/Whanau Navigator Gemma and Shelley - family.whanau.navigators@cnt.org.nz	For families /whanau that need connected with agencies and support.	

Referrer Details

Date: _____ Referred by: _____

Agency/service: _____ Phone: _____

Signed: _____ Email: _____

Have the whanau and/or young person have given consent for this referral to be made? **Y / N**

For Individual referral			
Name:			Parent/Caregiver details
Date of Birth:			Name:
Address:			Address:
Ethnicity:		Iwi:	Ph Number:
Email:			Email:
Ph Number:			
Gender:	Female	Male	Gender Diverse
Education Provider			

For Whanau referral	
Contact Person:	
Address:	
Phone Number:	
Email address:	

For a Whanau referral please provide the following details:					Gender F / M / GD
Who are the parents/caregivers?	Relationship to client		Ethnicity	Iwi	
Who are the children / young people?	Date of Birth	School/ECE/other			

Please complete this section for BOTH individual and whanau referrals:

<p>Reasons for referring/current situation:</p>
<p>What other agencies are working with this individual/whanau?</p>
<p>What does the individual/whanau want to achieve from this referral?</p>
<p>Please note any other information relevant to this referral:</p>