

ADULT PROGRAMME

REFERRAL FORM

- Please answer all questions.
- If information is unavailable or a question is not applicable, please indicate so in writing.
- Incomplete referral forms cannot be processed and will be returned to the referrer.
- Post all referrals to: PO Box 8726, Symonds Street, Auckland, or fax to: 09 377 9229

CLIENT DETAILS:			
Client Name:			
Date of Birth:	Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/> (please tick)
Ethnicities:	Iwi / Hapu:		
Address:			
Home Phone:	Work Phone:	Mobile:	
Email:		Occupation:	

REFERRER DETAILS:		
Referred by: <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other (describe):		
Referrer Name	Position:	
Agency:	Branch:	
Address:		
Home Phone:	Work Phone:	Work Fax:
Email:		Mobile:

SUPPORT PEOPLE AND/OR FAMILY CONTACT DETAILS:		
Name:	Relationship to client:	
Address:		
Home Phone:	Work Phone:	Mobile:
Email:		
Name:	Relationship to client:	
Address:		
Home Phone:	Work Phone:	Mobile:
Email:		

OFFENDING DETAILS:

Please provide a brief description of the sexual offending behaviour

VICTIM DETAILS:

Victim	Gender (M / F)	Relationship of the victim to the offender	Current age of victim	Victim's age range when abuse occurred
1				
2				
3				
4				

LEGAL SITUATION

Is there a court case current or pending?	<input type="checkbox"/> No <input type="checkbox"/> Yes, sentencing date is:
Is the client currently in prison?	<input type="checkbox"/> No <input type="checkbox"/> Yes, likely release date is:
Is the client on a community based sentence	<input type="checkbox"/> No <input type="checkbox"/> Yes, details of sentence are:
Home Detention start date:	Home detention end date:
Supervision start date:	Supervision end date:
Parole/Release conditions start date:	Parole/Release conditions end date:
Special conditions:	
Offence(s):	
Please include with the referral any documents or reports relating to the legal situation	

CONSENT (FOR COMMUNITY PROBATION REFERRALS ONLY):

I hereby give my informed consent for the exchange of information between the Community Probation Service and the SAFE programme concerning relevant background information and personal details. I also consent to information on my attendance and participation on the programme being exchanged

Client signature:

Date:

OTHER AGENCY INVOLVEMENT (if any):

Describe current and/or past history of any other agency involvement with this client, if any:

Please include with the referral any documents or reports relating to other agency involvement

DEVELOPMENTAL, LEARNING, OR MENTAL HEALTH DIFFICULTIES (if any)

Please summarise the client's history of developmental, learning, or mental health difficulties, if any:

Please include with the referral any documents or reports relating to these problems

OTHER COMMENTS OR ADDITIONAL INFORMATION

Please provide additional information or comment further on any of the above sections:

REPORTS (if any):

Please ensure the following reports are included with the referral, if available

<i>Report:</i>	<i>Written by</i>	<i>Date:</i>	<i>Tick if included:</i>
Victim Impact			<input type="checkbox"/>
Summary of evidential interview			<input type="checkbox"/>
Police summary of facts			<input type="checkbox"/>
Sentencing notes			<input type="checkbox"/>
Psychological report			<input type="checkbox"/>
Neuropsychological report			<input type="checkbox"/>
Educational report			<input type="checkbox"/>
Psychiatric report			<input type="checkbox"/>
Medical reports			<input type="checkbox"/>
CYFS notes			<input type="checkbox"/>
			<input type="checkbox"/>

ASSESSMENT COSTS AND AUTHORISED SIGNATURE

The cost for an assessment for the adult programme is \$660 including GST

Note: A sliding scale applies for self funded, self referred clients. Please arrange this before the assessment appointment by contacting the Business Manager on 09 377 9898

In making this referral I am aware that SAFE will charge me or my agency for the assessment appointment (signature required of the person responsible for paying the assessment fee. Unsigned referrals cannot be accepted and will be returned).

Name:	Agency:
Signed:	Position:
Date:	

COMPLETION CHECKLIST (please tick):

Before sending the referral, please check the following:

- All information has been filled out
- All reports and assessments have been included
- The referral has been signed and dated above

An incomplete referral cannot be processed and will be returned to the referrer for completion.

SAFE CONTACT DETAILS:

Enquiries regarding the Adult Programme can be addressed to:

The Administrator on 09 377 9898 ext 702 or info@safenz.org