

Young Person's Information			
First Name(s):		Date of Birth:	Age:
Surname:		NHI (if known):	
Address:		Pronouns:	
Ethnicity: NZ Pakeha / Māori / Pacific Peoples / Other - please specify:		Iwi – if known:	
NHI Gender (if known): Female / Male / Unspecified or Unknown / Another Gender			
Gender Identity (optional): Female / Male / Prefer Not to Say / Another Gender (specify): <i>ADL supports diversity across all our services, and works with young people to determine their own unique pathway to wellbeing</i>			
Contact Details	Mobile:	Email:	
	Home Phone:	Preferred 1 <sup>st</sup> Contact: Mobile / Home Phone / Email	
Reason for Referral:			
Preferred service type: Face-to-face / Phone / Video Call / Any of these			
Parent or Caregiver / Whānau Details (if applicable)			
Parent / Caregiver Name(s):			
Parent / Caregiver Contact Details:			
Do the parents / caregivers know about this referral:		Yes / No	
Is it okay to contact the parents / caregivers:		Yes / No	
<i>Note: If under 16 years, while not mandatory ADL prefers to have the permission of the young person's parent or guardian</i>			
Referrer Details (if applicable)			
Referrer Name:		Referral Agency:	
Relationship to Young Person:			
Contact Phone:		Contact Email:	
Other Agencies Currently or Previously Involved:			
Does the young person know of and consent to this referral?		Yes / No	Work & Income Client? Yes / No
Consent			
I give consent for this referral to be made for me / this child or young person and for information provided to be stored and used by ADL in accordance with their Privacy Policy.			
Client Signature:		Caregiver Signature (if relevant):	Date: