|  |
| --- |
| **CS-F-09 Aviva – Whānau Resilience**  **Trauma Recovery & Wellness Group Programme Referral Form** |

*Please note the primary criteria for this referral is that the person referred is an adult who has experienced or has used family or domestic violence as defined by the Family Violence Act and is in need for long-term support for maintaining the change and continue leading a violence-free life.*

***FIELDS MARKED with (\*) ARE MANDATORY TO BE FILLED***

**Source of Referral:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***\****Organisation: |  | ***\****Date of Referral: | |  | |
| ***\****Referrer Name: |  | ***\****Referrer’s Contact Details: | |  | |
| ***\**Has the client consented to the referral?** | | Yes |  | No |  |

**Primary Client Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***\**Full Name:** |  | | | | ***\**Gender and Pronouns:** | |  |
| ***\**Date of Birth:** |  | | | | ***\** Country of Birth:** | |  |
| ***\**Ethnicity:** |  | | | | ***\**Iwi/Hapu:** | |  |
| ***\**Address:** |  | | | | | | |
| ***\**Phone number:** |  | | | | **Email:** |  | |
| ***\**Is it safe to leave message?** | | Yes | If yes, | Text: | |
|  | | No | | Voicemail: | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Relationship Status (Choose one):** | | | | | | | | |
| De Facto | Divorced | Married | Separated | Separating | Single | Widowed | Unknown | client declined info. |

***\**Other whānau/family members:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does the client have other whānau/family member/s? | | | **Yes** | |  | **No** |  | |
| **Name** | **Contact number** | **Date of Birth** | | **Gender & Pronoun** | | | | **Who do they live with?** | |
|  |  |  | |  | | | |  | |
|  |  |  | |  | | | |  | |
|  |  |  | |  | | | |  | |
|  |  |  | |  | | | |  | |
|  |  |  | |  | | | |  | |
|  |  |  | |  | | | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dietary Needs:** | Vegan | Vegetarian | Gluten Free | Dairy Free |

|  |
| --- |
| **Other needs while attending group:** *(please specify anything we need to consider. E.g., need to sit close to the whiteboard, etc.)* |
|  |

**Consent and Confidentiality**

Any information provided by the client that is recorded, will be kept strictly confidential in a database that is securely web-hosted and fully audited. The information will be accessible only by authorised members of Aviva. Identifiable information the client gives to us will not be released to unauthorised persons or external parties without contacting the client in the first instance to obtain their permission.

The client has the right to privacy in accordance with the Privacy Act 2020. There may be occasions when it is necessary to contact agencies such as Police, Oranga Tamariki, a mental health provider or other social service to ensure the client’s safety or that of someone else. However, where it is considered not in the client’s interests to discuss it because of their own, or someone else’s safety, we will make appropriate referrals without the client’s knowledge.

Information provided in this referral will be used for funding and statistical reporting purposes by Aviva.

If the client would like to put through a complaint or concerns regarding the Aviva support, they can email their complaint to [privacy@aviva.org.nz](mailto:privacy@aviva.org.nz) or by contacting the General Manager - Operations. More information can be found on the website [Aviva’s publications and policies (avivafamilies.org.nz)](https://www.avivafamilies.org.nz/About-Aviva/Publications/) .

Does the client give consent for their photo to be taken while participating in the programme? **YES  NO**

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| Contacted by: |
| Date Contacted: |
| Outcome: |