



ADULT REFERRAL FORM

Name of Referring Agency	
Agency Worker making Referral	
Adult being Referred:	Family Name:
	First Name and Age:
	Ethnicity/s:
	Iwi:
	Gender:
	Phone Number:
Address	
Emergency Contact	
Briefly describe the concerning issues	
Medical issues or allergies: does your child have any medical issues or allergies that our staff need to be aware of?	
Complaints	Tamaki Community Development Trust views complaints as an opportunity to learn and improve for the future, as well as a chance to put things right for the person that has made the complaint. If you have queries or concerns, we welcome the opportunity to discuss the problem with you. In the first instance speak to your social/family worker. If that is not suitable or you want information on how to make a formal complaint please contact the Practice Leader. Email: greg@tcdt.net.nz
Client Approval	PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM I agree for myself to receive support from the Tamaki Community Development Trust workers. My private information will be kept confidential, unless I give permission for information to be referred to others so I can get more help. I understand if someone in the family is in danger or being a danger it may be referred on. Signature:
Signed by Referring Agency	Date