Number 10 One Stop Youth Shop
PO Box 186, Invercargill
Invercargill 9840
Phone: (03) 214 1013 Fax: (03) 214 0169
Email: admin@number10.org.nz

Number 10 Social Services Referral Form

Number 10 Social Services provides 1:1 mentoring & advocacy and group programming for rangatahi aged 10-24 years. We work with low-moderate risk issues. Anything deemed moderate + may be declined.

Referrer's details

Name of referrer:	Date:
Organisation:	Position:
Phone:	Signature:

Young person's details

First name:	Surname:
Address:	Contact phone:
DOB:	Age:
Ethnicity:	Gender:

Family/Whanau details

Contact person 1 name:	Relationship to young person:
Address:	Phone:
Contact person 2 name:	Relationship to young person:
Address:	Phone:

Referral details

What is the purpose of the referral?

What are the target issues? *(mental health, behavioural, education, relationships, medical, physical, etc.)*
Are there any safety concerns? If yes, what?
What are the strengths & interests of this young person?
Please provide any background information? *(family/caregivers, education, accommodation, finances, medical, etc.)*

Indicate other agencies involved

Oranga Tamariki	Awarua	Adventure Development Ltd (ADL) – Thrive/AOD	Nga Kete
Child, Adolescent & Family services	ISSN	Barnardo's	Mental Health
Family Works	PACT	Stop Violence	South Centre
Salvation Army	Other:	Other:	Other:

Any other relevant information:

Number 10 Registration completed: YES NO

Is the young person aware of the referral? YES NO

Is the family/whanau aware of referral? YES NO

<u>For office use only</u> Date received: Receiving staff:	Registration received/complete: YES NO Accept/Decline: YES NO Next action: