



# Living Violence Free

Te Noho Riri Kore Inc

Pember House, 3 Hagley Street Porirua

Tel: 04 237 6009 Email: [manager@livingviolencefree.nz](mailto:manager@livingviolencefree.nz)

## PROGRAMME REFERRAL

Referring Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Referral sent by: \_\_\_\_\_

### Tamariki Programme Referral- Current parent/caregiver

Family Name: \_\_\_\_\_

First Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Contact: \_\_\_\_\_ Home

\_\_\_\_\_ Work

\_\_\_\_\_ Mobile

Relationship to child: \_\_\_\_\_

### Adult Programme Referral

Family Name: \_\_\_\_\_

First Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Contact: \_\_\_\_\_ Home

\_\_\_\_\_ Work

\_\_\_\_\_ Mobile

**Protection Order** Yes / No

**Living with Partner:** Yes / No

**Partner's Name:** \_\_\_\_\_

**Immediate Danger** Yes / No

***Programme required: Please circle***

- 1. Safety Programme for Women**
- 2. Behaviour Change for Women**
- 3. Behaviour Change for Men**

***Other Agencies Involved:***

**Agency:** \_\_\_\_\_ **Worker** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Worker** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Worker** \_\_\_\_\_ **Phone:** \_\_\_\_\_

***Children's Details:***

| <b>Name</b> | <b>DOB</b> | <b>Ethnicity/Iwi</b> | <b>M/F</b> |
|-------------|------------|----------------------|------------|
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***Background to Referral:***  
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***Has consent been given for this Referral:*** Yes / No