The Incredible Years - Referral Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD AND FAMILY INFORMATION** | | | | | | | | |
| Date Referral received: | | | | | | | **COMPLETE ONE FORM PER FAMILY** | |
| **Name of child/ren in the family** Family Name First Name | | | **DOB** DD/MM/YY | **Gender** | | **Ethnicity** | | **Country of birth** |
|  | |  |  |  | |  | |  |
|  | |  |  |  | |  | |  |
|  | |  |  |  | |  | |  |
|  | |  |  |  | |  | |  |
|  | |  |  |  | |  | |  |
|  | |  |  |  | |  | |  |
| **Contact details where child/ren live** | | | | | | | | |
| The child/ren live with Carer one  Carer two | | | | | **Indicate who is hoping to attend the programme:**  **Carer one**  **Carer two** | | | |
| School/preschool the child/ren attend: | | | | |
|  | | | | |  | | | |
| **Carer one**  Family Name | First Name | | DOB  DD/MM/YY | | Ethnicity | | | |
| Unit no./ Street no./ Street name | | | | | Relationship  to child | | | |
| Suburb | Town/ City | | Postcode | |  | | | |
| Home phone no. | Mobile phone no. | | Work phone no. | | Preferred method of contact | | | |
| Email address | | |  | | | | | |
|  | | |  | | | | | |
| **Carer two**  Family Name | First Name | | DOB  DD/MM/YY | | Ethnicity | | | |
| Unit no./ Street no./ Street name | | | | | Relationship  to child | | | |
| Suburb | Town/ City | | Postcode | |  | | | |
| Email address | Mobile phone no. | |  | | Preferred method of contact | | | |
| **Reason for applying to attend The Incredible Years Programme** | | | | | | | | |
| **Please explain what sort of challenges you are currently facing in your parenting journey and what you would like to gain from attending the programme:** | | | | | | | | |
| **Parents - if this is a self-referral please tick to indicate you are applying for yourself**  Please indicate if you would like to attend the group pre course meeting or make a time to meet individually:  **Group pre-course meeting (10 am to 12.30 pm on Wednesday 23 February)**  **Or an individual time to be negotiated** | | | | | | | | |

|  |
| --- |
| **List any other agencies currently supporting the whānau/family** |
|  |
|  |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referrer details only (if not self referred)** | | | | |
| Referrers name | | Job Title | | |
| Agency name | | | | |
| Mobile phone no. | Work phone no. | | Email address | |
| Postal address | | | | Postcode |
| **Date of this referral:** | | | | |

PRIVACY STATEMENT

To the parent

This is an important statement about the use of the information collected for the Incredible Years Programme. Please read it carefully and talk to a member of the Incredible Years team if you are unsure of anything.

1. Information collected from this referral form will be used to help decide on the appropriateness of the Incredible Years Programme for you and your family/whānau.
2. The information we collect will be used to help us support you and your family/whānau through the programme.
3. The Ministry of Education contracts some non-governmental organisations to provide Incredible Years programmes and referral information may be shared with them.
4. We may share some of the information we collect with other organisations (health, welfare, education) who may be working with you or who could provide support to you and your family/whānau.
5. The information that we collect from you may also be used for statistical and/or research purposes. When information is used in this way, your privacy will be protected and you and your child will not be identified.
6. You have the right to access the information that we have collected about you and your family/whānau, and you can correct it if necessary.
7. The information will be stored securely and held at the offices of:

The Ministry of Education and Barnardos NZ

1. To ensure facilitators are maintaining a high standard of presentation their delivery of the course will occasionally be video recorded for the purpose of supervision. No participants will be filmed and all videos are deleted after each programme.

If you would like to talk about the programme, please make direct contact with:

Incredible Years administrator: Kate Horrey

Phone: 03 578 6491

Email: [blenheimoffice@barnardos.org.nz](mailto:blenheimoffice@barnardos.org.nz)

If you would like more information, you can visit the following websites:

* Ministry of Education: Special Education: Programmes for Parents

[www.minedu.govt.nz/NZEducation/EducationPolicies/SpecialEducation/OurWorkProgramme/PositiveBehaviourForLearning/ProgrammesForParents/ProgrammesForParents.aspx](http://www.minedu.govt.nz/NZEducation/EducationPolicies/SpecialEducation/OurWorkProgramme/PositiveBehaviourForLearning/ProgrammesForParents/ProgrammesForParents.aspx)

* The Incredible Years: [www.incredibleyears.com](http://www.incredibleyears.com)

Consent for Referral to Incredible Years

In conjunction with Ministry of Education and Barnardos NZ

* I have read the Privacy Statement that accompanies this form
* I understand that my information will be used to support me and my family/whānau through the programme and that it may be shared with other organisations who are working with my family/whānau or who can provide support to us
* I understand that I can access and correct the information stored about my family/whānau and me
* I understand that if my information is used for statistical purposes, I and my family/whānau will not be identified in any way
* I understand that there will be no identification of persons during the videoing of any session presentations

Name of parent/carer Name of parent/carer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of parent Signature of parent

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