



## Referral Details

Date of referral	Referring organisation
Name of referrer	Contact number

### Client Details:

Name		
Address		
Phone Numbers		
Email address		
Gender	Date of Birth	Age
Ethnicity	Iwi affiliations	
Country of Birth		
Emergency Contact	Phone	

### **If client under 16 years old please complete**

Name of parent, guardian	Phone
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Family Member	Name	DOB

### **Reasons for referral**

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330 Pollen Street, Thames 3500 Ph. 07 868 8320

Web: [www.frst.co.nz](http://www.frst.co.nz)

Please send referral to: [referrals.fss@xtra.co.nz](mailto:referrals.fss@xtra.co.nz)



**History of Family Violence**

**Alcohol and Drug use**

**Legal Issues**

**Background of referral**

**Other agencies involved**

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# Confidentiality and Information for Clients

Confidentiality means that any information you provide to Family Safety Services will be kept confidential to the Service, its professional supervisors and auditors.

Limit to Confidentiality.

The law requires that if we have any danger concerns for you or other people (particularly children) we are to advise certain authorities which may include the NZ Police and Oranga Tamariki-Ministry for Children. The information we will provide them with would only be enough to ensure that the danger is properly managed. We will always endeavour to include you in those communications so that you are aware of what information is being provided. You have the right to withdraw from service at any time.

## Complaints

We aim to provide you with a safe, quality service. If for any reason you are unhappy with the service you have received from Family Relationship Services, please contact the General Manager in the first instance so that we can try to resolve the matter quickly. You can do this in person, or by phone or in writing to the address listed below.

As you are receiving a health service, you are covered by the Code of Health and Disability Services Consumer Rights. A copy of this code of rights is available to you at any time and is also available on [www.hdc.org.nz](http://www.hdc.org.nz).

I have been informed of the above information.

<b>Name</b>	
<b>Signature</b>	<b>Date</b>
Client offered copy of consent	Accepted <input type="radio"/> Declined <input type="radio"/>

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