

Application for Stay— SELF REFERRAL: PARENT/CARER/FAMILY/WHĀNAU

For parents/carers, family/whānau



Cholmondeley
Value Our Children

Thank you for applying for your tamariki/child to stay at Cholmondeley.

Please try and complete as much of this form as possible. This helps us understand the need and ensures we arrange the best possible support for the tamariki/child and whānau/family in the shortest amount of time.

You must complete a separate form for each child, even if they are from the same family.

You can complete this form by hand and send it to us via one of the methods outlined below.

If you need help with filling it out, please call us — it's our job to help you where we can.

All information you supply will be kept secure and only used for the purpose of referral, and planning for children's wellbeing during their stay.

Please send completed forms to:

email | referrals@cholmondeley.org.nz (this is the fastest way to return your form)

fax | 03 329 9781

post | PO Box 12276, Beckenham, Christchurch 8242

Or drop in to reception at: 6 Cholmondeley Lane, Governors Bay, Lyttelton 8971

Date: _____

Section One: Referral Details

Child/Tamariki's details

Is this the child's first referral to Cholmondeley? (circle one): [Yes](#)/[No](#)/[Don't know](#)

First Name: _____

Last Name: _____

Date of Birth: _____

Age: _____

Gender: _____

Ethnicity: _____

Iwi/Aiga: _____

School: _____

Referrer

Referred by (full name): _____

I am the child's (circle one): [Mother/Father/Other](#) _____

Phone: _____

Mobile: _____

Email: _____

Has the parent/caregiver given consent for this referral? (circle one) [Yes/No](#)

Referral Type (tick one): **Emergency** **Planned**

Reason for Referral: _____

Family/Whānau

Number of adults living in the home where the child resides: _____

Name/s of adults and relationship to child being referred: _____

Number of children in family (including child being referred): _____

Name/s and age/s of other child/ren (please indicate if they are living at home or not): _____

Are there any contact/access/custody/court order issues? (circle one) Yes/No

If yes, please outline any special conditions/instructions/guidelines: _____

Section Two: Child's Details

General Information

Tell us how the child is getting on at home: _____

Tell us how the child is getting on at school: _____

Has the child ever been stood down or excluded from school? (circle one) Yes/No

If yes, please give details: _____

Describe the strengths and interests of the child and the family: _____

Health and Wellbeing

Is the child diagnosed as having any of the following?

Physical health:	Mental health	Developmental
<input type="checkbox"/> Enuresis	<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Encopresis	<input type="checkbox"/> ODD	<input type="checkbox"/> Intellectual disability
<input type="checkbox"/> Asthma	<input type="checkbox"/> Conduct disorder	<input type="checkbox"/> Sensory disability
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Aspergers
<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Autism
<input type="checkbox"/> Vision problems	<input type="checkbox"/> Mood disorder	<input type="checkbox"/> Fetal Alcohol syndrome
<input type="checkbox"/> Skin problems	<input type="checkbox"/> Phobias	<input type="checkbox"/> Global Developmental Delay
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Special Dietary needs	Please explain below *	Please explain below *
<input type="checkbox"/> Allergies		
<input type="checkbox"/> Other Please explain below *		

*Please give explanations or detail any undiagnosed health, wellbeing and behaviour concerns: _____

List any current medication/s, dosage and frequency: _____

Additional information for wellbeing (dietary needs, special comfort toys, nappies, bottles etc): _____

Has the child been involved in any fire-setting behaviour? (circle one) [Yes/No](#)

If yes, please give details: _____

Has the child displayed any concerning sexualised behaviour? (circle one) [Yes/No](#)

If yes, please give details: _____

If yes to either of the above, has the child received any professional agency support with these behaviours? (circle one)

[Yes/No](#)

If yes, please give details: _____

If yes, do you consent to Cholmondeley contacting that professional agency for further information relating to the child's stay at Cholmondeley? (circle one) Yes/No

Name of agency: _____

Contact name and number: _____

If yes, do you have any strategies to support the child with these or other behaviours? (circle one) Yes/No

If yes, please give details: _____

Does the child have a Care Plan / Safety Plan / Behaviour Support Plan / Individual Education Plan / Care Plan attached?

(circle one) Yes/ No

(Where the child has a Care, Safety, Behaviour Support and/or Individual Education Plan (IEP), this should be included in the referral to Cholmondeley so a copy will be made available to staff. This is to ensure that we support and meet the child's needs during their stay)

Has the child/family been affected by the Canterbury earthquakes? (circle one) Yes/No

If yes, please explain: _____

Key Competencies / Developmental Outcomes

At Cholmondeley we provide children with opportunities to build their skills to get along with others and to negotiate the world. These are called key competencies or developmental outcomes (you and the child may recognise these from their school)

Please rate how well the child is doing with the following competencies or developmental outcomes:

Thinking (*making choices & problem solving*)

Requires support &
more development



Able to consistently
do this

Using language, symbols & text (*talking, listening, communicating, following instructions*)

Requires support &
more development



Able to consistently
do this

Managing self (*being organised, taking responsibility & sticking at it when things are tricky*)

Requires support &
more development



Able to consistently
do this

Relating to others (*respecting others, being kind and getting along with other people*)

Requires support &
more development



Able to consistently
do this

Participating & contributing (*joining in & feeling connected, respecting people and things*)

Requires support &
more development



Able to consistently
do this

Parent/Carer Concerns and Stresses

Please tick the appropriate box considering your situation over the last three months:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am worried about my living situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about my financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about my child/ren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about my relationship with my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about how my child/ren are doing at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about how my child/ren get on with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about my energy levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried that I don't have many supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am feeling stressed and/or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am generally feeling happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I generally enjoy spending time with my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

Other agencies that are giving support to the child and family/whānau:

- | | |
|---|--|
| <input type="checkbox"/> MVC Oranga Tamariki | <input type="checkbox"/> Children's Team |
| <input type="checkbox"/> SWiS | <input type="checkbox"/> Family Court |
| <input type="checkbox"/> Public Health Nurse | <input type="checkbox"/> Child Adolescent & Family Mental Health |
| <input type="checkbox"/> Family Safety Support | <input type="checkbox"/> Additional Education/ Learning Support |
| <input type="checkbox"/> Lifelinks | <input type="checkbox"/> STOP |
| <input type="checkbox"/> START | |
| <input type="checkbox"/> Other/ Other NGO (please name below) | |

Please list any other organisations involved with the child/family, including the name and contact details of person/s working with the child: _____

Mother's contact details:

First name: _____

Last name: _____

Street name & number: _____

Suburb: _____

Postcode: _____

Phone: _____

Mobile: _____

Email: _____

Father's contact details:

First name: _____

Last name: _____

Street name & number: _____

Suburb: _____

Postcode: _____

Phone: _____

Mobile: _____

Email: _____

Emergency contact — must be someone *other* than those named above:

First name: _____

Last name: _____

Street name & number: _____

Suburb: _____

Postcode: _____

Phone: _____

Mobile: _____

Email: _____

Usual caregiver of child (circle one): Me (person completing this form)/Mother/Father/Other _____

Address (if different from above): _____

Phone (if different from above): _____

Who will be transporting the child? _____

Doctor's name:

Practice: _____

Phone: _____

Section Four: Consent

I give consent for Cholmondeley to share with and seek information from the child's school and other agencies which are working with my family/whānau so that the best possible care can be given to the child. Yes/No

I give consent for the child to go off the property for supervised outings and adventure based learning (ABL) activities during their stay at Cholmondeley. I am aware that this may include water-based, rope-based, and camp fire activities.

Yes/No

I heard about Cholmondeley's services (circle all that apply): Brochure/newspaper/website or search engine/ Facebook/ friend or colleague/ staff or board member/ referral agency/ Other _____

Print full name: _____

Signature: _____

Payment and Koha

Does the child have Lifelinks respite funding? (circle one) [Yes/No](#)

If you do not have Lifelinks or another agency paying for your child's stay, we welcome a koha/donation based on what you can reasonably afford. This can be made via internet banking, or by cash/cheque at the Centre.*

Cholmondeley Childrens Centre Inc

03 0866 0337413 000

Ref: Your Name

Code: Child's Name

Particulars: SU Koha

*Please note, we do not have EFTPOS facilities on site.

Section Five: Office use only

Reference Number: _____

Booking confirmed for: _____

Information pack sent: _____

Notes: _____
