

Purapura Whetu Te Oranga Day Activities Programme referral form

All sections that are marked with * **MUST** be filled in for referral to be considered.

Date of referral:			
*Client Name:		*Date of Birth:	
*Address:		*NHI:	
		*Ethnicity:	
*Phone:		Iwi:	
*Mental Health Diagnosis (Compulsory): *Physical Health Diagnosis: Please attach a safety plan if necessary:			
Community Support Worker Referrer		Emergency Contact	
*Name:		*Name:	
*Organisation:		*Relationship:	
*Phone:		*Phone:	

Please note: All referrals must have whakawhanaungatanga/meet and greet with the programme coordinator before the commencement of any Purapura Whetu Te Oranga Activities.

Programme Coordinator: Lisa Morris Ph: 021 377421 Email: programme.coordinator@pw.maori.nz

*I Give my consent for the Programme Coordinator of Purapura Whetu Trust to consult my CSW or Emergency Contact if she/he feels I am unsafe either physically or mentally.

Purapura Whetu Programmes	
Please tick/highlight which programme your whaiora would like to attend:	
<input type="checkbox"/> Raranga - Weaving <input type="checkbox"/> Toi Ataata - Pastel Art <input type="checkbox"/> Toirau – Mixed Media Art <input type="checkbox"/> Mahi Tuinga - Sewing <input type="checkbox"/> Te Waonui – Outdoor Adventure Therapy	<input type="checkbox"/> Toi Whakairo – Carving <input type="checkbox"/> Toiora QE2 – Swimming <input type="checkbox"/> Te Hauora Mai – Healthy Me <input type="checkbox"/> Ihi – Waiata & Te Reo Māori
Are there any specific needs/requirements/triggers that programme staff may need to be aware of? *Please attach a safety plan if necessary	

Signed:

Whaiora:

Date:

Community Support Worker:

Date:

Forward all referrals by email to: programme.coordinator@pw.maori.nz