



REFERRAL FORM

1. To refer a potential youth to the TYLA Youth Trust, please complete this form and return it, along with any supporting documentation to the TYLA Operations Manager or TYLA Police Liaison Officer
2. You are eligible to make a referral if you are from the Police, a School or a Community Support Agency
3. Referral to the TYLA Programme does not guarantee a place on the Programme
4. Youth must be aged between 10 and 13 for a referral to be considered
5. Youth's family and whanau participation is essential
6. Youth must be in full time education for consideration
7. TYLA will consider youth for the Programme each school term

For further information please contact:

Central West - 09 828 2331

Otara – 09 271 6098

REFERRER DETAILS

Name:		Contact Details	Phone:	
Organisation:			Mobile:	
Referral Date:			Email:	

YOUNG PERSON'S DETAILS

Name:		Address:	
D.O.B:		Age:	
School:		Year:	
Contact Details	Home:	Ethnicity:	
	Mobile:	Gender:	
	Email:		

PARENT'S / CAREGIVER'S DETAILS

Mother's Name:		Father's Name:	
Address:		Address:	
Contact Details	Home:	Contact Details	Home:
	Mobile:		Mobile:
	Email:		Email:
Primary Caregiver:		Primary Caregiver:	

Caregiver(s) Name:	Contact	Home:
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Address:		Details	Mobile:	
Relationship:			Email:	

REASON FOR REFERRAL

	No. of incidents		
Truancy Yes		Expulsion Yes	FGC Plan Yes
Fighting Yes		First Time Offender Yes	Alternative Action Yes
Bullying Yes		Repeat Offender Yes	Diversion Plan Yes
Tagging Yes		CYFs Involvement Yes	Other (Please specify) Yes
Stood Down Yes		Other:	
Has the family been informed about this referral to TYLA?			
Please provide as much information as possible about the boxes you have ticked above. For example, when? What happened? Was anyone hurt? Who else was involved? Any OFFENDING history?			
Please list all other Agencies involved. Please ensure you include contact Name and phone number.			
Agency Name:	Contact Person:	Contact No:	

FOR OFFICE USE ONLY (please date or circle as appropriate)			
Referral received			
YORST completed		Yes / No	
Parental Consent obtained		Yes / No	
Waitlisted			
Selection Panel date			
Accepted / Declined			
Programme start date			
<i>Document Number:</i>	<i>SW20</i>	<i>Version: 1</i>	
<i>Date of Issue:</i>	<i>8/8/11</i>	<i>Contact: Jolene Cartwright and Anastasia Meredith</i>	
<i>To be reviewed:</i>	<i>3/10/11</i>		