Request For Support
Bay of Plenty | Waiariki

Please fill in this form as comprehensively as possible. Referrals with insufficient or inaccurate information will be returned to the referrer.

Date:

Child's information:

Child's name:	
Gender:	Male: ☐ Female: ☐ Diverse: ☐
Date of Birth:	
Languages spoken at home:	
Iwi affiliation:	
Ethnicity:	NZ Māori ☐ NZ European ☐ Samoan ☐ Cook Island ☐ Tongan ☐ Asian ☐ Other ☐
Siblings receiving support:	

Whānau information:

	Contact 1	Contact 2
Name:		
Relationship to child:		
Address:		
Suburb:		
City/Town:		
Phone:		
Mobile Phone:		
Email:		

ECE/School information:

ECE Centre/ School:	
Contact person:	
Phone:	
Email:	
Child's NSN:	

Requester's information:

Requester's name:	
Requester's phone number:	
Requester's email:	
Requester's relationship to child:	
Child's NHI number:	

Te Tai Whenua | Bay of Plenty Waiariki Region
Rotorua Office: Level 3, 1144 Pukaki Street, Rotorua 3040. Phone: 07 343 1371, Fax: 07 349 2560
Taupo Office: 31 Totara Street, Taupo 3330. Phone 07 376 1870, Fax 07 377 2598
Whakatane Office: Shelby House, 22 Louvain Street, Whakatane 3120, Phone 07 306 2500, Fax 07 308 5648
Tauranga Office: 132 First Avenue, Tauranga 3110. Phone 07 571 7800, Fax 07 571 7864
Please send your request to the email below. An automated response acknowledges receipt.
support.bopwaiariki@education.govt.nz
Version as at July 2024

Te Tāhuhu o te Mātauranga
Ministry of Education

Te Mahau

What has already been done to address the concern? Please tick.

Incredible Years Parent	☐	B4 School Check	☐	Paediatrician	☐
Audiology Test	☐	RTLB	☐	Interventions by you or others	☐
ICAMHS/Voyagers	☐	Child Development Team	☐		

Please ensure parent/ caregiver has seen and agrees with the following information.

What is your reason for this request for support?
What skills/ assistance is needed by management/ Kaiako?
Please describe specific concerns you have with as much information as possible.

Permission for Request for Support

AGREEMENT FOR 'REQUEST FOR SUPPORT' BY SCHOOLS PRINCIPAL OR SENIOR TEACHER OF EARLY CHILDHOOD SERVICE (if referrer)
I have permission to make a 'Request for Support' to Te Mahau, Te Tāhuhu o te Mātauranga | Ministry of Education by the parent/ Guardian.

Name:

Designation:

Signature:

Date:

AGREEMENT FOR REQUEST FOR SUPPORT BY PARENTS / CAREGIVERS / WHANAU
The following permission is to be completed when a request for Support is made by a person other than parent/guardian:

By signing this form, you are giving permission for information to be used within Te Mahau, Te Tāhuhu o te Mātauranga | Ministry of Education We will use this information so we can have a discussion with you and/or your Child's Early Childhood Centre or school to decide the most appropriate type of support for your child. Information may be shared with other education or health professionals where it is considered to be in the best interests of the individual concerned. Information held and access can be requested in writing to Te Mahau, Te Tāhuhu o te Mātauranga | Ministry of Educationlocal office. We agree to the referral being made to Te Mahau, Te Tāhuhu o te Mātauranga | Ministry of Education.

Signature of Parents / Caregivers / Whānau:

Date: _____ Date: _____