



Ministry of Education – Learning Support – Request for Support

Taranaki, Whanganui, Manawatū Region

Has the parent/guardian agreed to this request?	☐ Yes	☐ No
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Date:

Referrer Information

Name of referrer:	
Relationship to child:	
Facility/Organisation:	
Email:	
Address:	
Phone/Mobile:	

Child/Student Information

First Name:			
Last Name:			
Gender:	☐ Male ☐ Female ☐ Diverse	Date of Birth:	
Ethnicity:			
☐ NZ Māori ☐ NZ European ☐ Cook Island Māori ☐ Somali	☐ Iwi: _____ ☐ Unknown/Not disclosed ☐ Asian (Other) ☐ Indian ☐ South East Asian ☐ Tokelauan ☐ Tongan		
☐ Other (<i>specify</i>)	☐ Chinese ☐ Samoan ☐ Niuean		
Languages spoken at home:			
Do you need an interpreter?	☐ No ☐ Yes	Language:	
School/Early Childhood Attending:			
Address:			
Email:			
Contact Number:			

Parent/Caregiver/Whanau Information

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

Preferred communication method:	☐ Phone	☐ TXT	☐ Email	☐ Post
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Are other agencies involved?

☐ Audiology	☐ Paediatrician	☐ Infant/Child/Adolescent Mental Health
☐ Social Service NGO	☐ Plunket/Tamariki Ora	☐ Child Development Service
☐ Oranga Tamariki	☐ RTLB	☐ Other: _____
Child's social situation (if applicable) or other relevant background information		

Has the child/student had their hearing/vision tested? If yes, what was the outcome?

☐ No	☐ Yes	Outcome:	
Hearing test completed by whom?			

What are you concerned about?

(E.g. engagement in learning or social activities, physical skills, speech or language skills, behaviour, other)

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What has already been tried?

(E.g. specific strategies, referrals to other agencies, other)

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What type of support are you looking for?

(E.g. this may be for the child/student, the school/early childhood organisation, or other)

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Consent for Learning Support

Parent / Legal Guardian Permission <i>I / We have read the information contained and agree to this request for learning support being made to the Ministry of Education, Learning Support.</i>		
Name:	Signature:	Date:

Please ensure all supporting documents are attached with this Request for Learning Support

Privacy Statement

The Ministry of Education collects personal information about children and young people to support their learning and ensure that effective services are provided. Personal information is also used for quality assurance purposes to improve the quality of services provided, and for associated administrative and accountability purposes. The information is held by the Ministry of Education (PO Box 1666, Wellington) in a national database or sometimes paper files at local Ministry offices.

Information may be shared with your child's school or early childhood education provider, but is not shared with other agencies except where necessary for the provision of services, or as authorised or required by law. It is not compulsory for you to provide any personal information but we

may not be able to provide the most effective services for your child if you don't. You and your child have rights to request access to and correction of personal information held by the Ministry.

Please email or post the completed form to your local Ministry of Education office (if you are not sure who your local office is, you can email/send this form to any office below):

Taranaki	enquiries.newplymouth@education.govt.nz	PO Box 8158, New Plymouth 4342	06 757 6400 / 0800 333 032
Whanganui	enquiries.whanganui@education.govt.nz	Private Bag 3012, Whanganui	06 349 6300 / 0800 100 367
Manawatū	enquiries.palmerstonnorth@education.govt.nz	PO Box 1154, Palmerston North 4440	06 350 9850 / 0800 100 359