Te Manawa Tahi
Initial Contact Information

Te Mahau

Freephone: 0800 524 842

v2024_03_01

ICI completed by:
Name: *Role:* *Cell:* *Email:*

Date: _____ **Venue:** _____
Please note the name of venue or note **"phone call"** if not in person.

Attendees: _____

Child Details
Name: _____ DOB:
Ethnicity: Iwi: M/F: Select..
Home Address: _____
_____
School / Kura / ECE: NSN:

Parent/Legal Guardian Details Phone: _____
Name: _____ Email: _____
Relationship to child: _____

Referrer Details *(if not the parent/legal guardian)*
Name: _____ Phone: _____
Role: _____ Email: _____

Parent/Legal Guardian Consent

☐ I/we give consent for this information to be collected for the purpose of providing services, and if further service is required, for a Request for Support to be made to the Ministry of Education Learning Support and/or the Resource Teachers: Learning and Behaviour (RTLB) service, and for the service provider to consult with the appropriate school/kura/early childhood centre for the purpose of providing service.

Referrer (*If not the parent/legal guardian)*

☐ I/we verify that verbal consent of the parent/legal guardian has been obtained for the above.
Name of parent/legal guardian providing verbal consent: _____

Signed: _____ *(parent/legal guardian)* Date: _____

Signed: _____ *(referrer)* Date: _____

Office Use Only:

Actions – What happens next? Te Manawa Tahi Facilitator to complete.	Who	When

Privacy Statement

All information will be treated as private and confidential under Principle 3 (1) of the Privacy Act 2020. Ministry of Education Learning Support and the RTLB Service collect 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. It may also be used for statistical purposes in a way that will not identify the individual. It is voluntary to provide information, but not doing so may limit the provision of service.

The information is held in a secure electronic storage facility or sometimes paper files at our local offices.
Information may be shared with other agencies where necessary for the provision of services, or as authorised or required by law.

Initial Contact Information

These questions are a guide only. <u>Providing clear, comprehensive</u> information will assist us to best support your needs and allow for a timely response.

• How can we help you? • What are your **concerns**? How long have you been concerned? **NB: Please be specific and provide clear examples.** • What **impact** does this have? (school/kura/ECE/home) • What are their **strengths and interests**? When do things go well for them? • Is **anyone else**/other services involved in supporting you? In the past? • What else have you tried? **NB: Please be specific and provide clear examples of previous strategies or actions.** • Is there anything else we need to know?	

For Te Manawa Tahi Facilitator / Practitioner to complete only

(Bus Support: If RTLB only – load as A & G close)

MOE Support for: *(tick one)*

☐ Behaviour ☐ Communication ☐ Early Intervention ☐ Other

To close? ☐

(tick if no further action is required by MOE)

RTLB Support for: *(tick all that apply)*

☐ Behaviour ☐ Learning

Service Manager:_____ **RTLB Facilitator:**_____

Te Manawa Tahi Facilitator/Practitioner: Please scan and send the fully completed form to the following email addresses:

<u>ALL</u> forms to: TT.Support@education.govt.nz

All Cluster 1 forms to: LS.Facilitator@farnorthrtlb.co.nz

All Cluster 2 forms to: LS.Facilitator@rtlb.school.nz