

# Referral for Learn programmes



Home & Family  
EST. 1984

*Te Whare Manaaki Tangata*

Please complete and return this form to [contact@homeandfamily.net.nz](mailto:contact@homeandfamily.net.nz)

**NOTE:** Our Social Workers will endeavour to get in contact within **2 weeks** of receiving your referral

**Participant's full name:**

**Age:**

**Preferred pronouns - please circle:**      She/Her      He/Him      They/Them/Their

**No. of children:**

**Ages of children:**

**No. of children in the participant's care:**

**Programme - please circle:**      Tākai /      E Tipu

**Participant's contact details**

**Phone number:**

**Address:**

**Email address:**

**Referrer details** (if not a self-referral)

**Agency:**

**Phone number:**

**Email address:**

**Reason for referral:**

*Please outline the reason for the referral e.g. the participant's struggles etc.*

**What do you hope to achieve from the programme?**

*For example: Learning age and stage milestones, food sovereignty etc.*