

We can provide a description of someone's functional communication and strategies they can use to enable communication, and we can assist in planning of and communicating important or complex information in a way that is accessible to people in care and protections and youth justice settings.

All fields marked with * MUST be completed for us to provide any services.

REFERRER DETAILS

First name*

Last name*

Email address*

Phone number*

What type of request does this come under (please highlight and can be more than 1):

- ☐ Care and Protection
- ☐ Youth Justice
- ☐ Intention to charge
- ☐ High end offending

Services required:

Assessment and Report (this is required to be completed prior to any of the below). Please indicate if a CA report has already been completed either through OT or the court: ☐ Yes ☐ No

If known: Date: / /

Author (CA):

☐ Pre FGC work

Requested hours:

☐ FGC attendance

Requested hours:

☐ Professional meeting

Requested hours:

☐ Easy-read documents

Requested hours:

☐ Mileage and travel time needed for CA to attend

Dates and times of any FGCs or meetings already scheduled:

Region and Venue where it will be held:

CLIENT DETAILS

Client first name*

Client last name*

Date of birth*

Ethnicity

Languages spoken

Cultural considerations:

Is CA required for the person the FGC is being held for, or another attendee?*

☐ Person FGC is being held for

☐ Another attendee

If CA is required for another attendee, please add their name here:

COMMUNICATION ASSISTANT NEEDS

Anything the CA needs to know to help engagement – e.g. someone's likes and dislikes, what they are like meeting new professionals*

Are there any other team members the CA may liaise with to support the FGC process?

ADMINISTRATION

A quote will need to be provided prior to any services commencing. Please accept this quote online so we can see you have accepted the quote in our system and can advise the Communication Assistant to go ahead with any services.

As of July 2023, Oranga Tamariki requires all invoices to quote a purchase order number in order for the invoice to be paid. Please provide a Purchase Order number as soon as you can.

Purchase Order number*

Please send to: referrals@moretalk.co.nz