

Request for Communication Assistance - Corrections

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*

Region

Services required:

- Assessment of communication needs
- Parole Board Hearing

- Professional Meeting
- Easy Read Documents

Information about meetings already scheduled:

| DATE | TIME | REGION | VENUE |
|------|------|--------|-------|
| / / | : | | |

CLIENT DETAILS

Client first name*

Client last name*

Date of birth*

Ethnicity

Languages spoken

Cultural considerations:

COMMUNICATION ASSISTANT NEEDS

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

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

ADMINISTRATION

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

Please provide a Purchase Order number as soon as you can*

Please send to: referrals@moretalk.co.nz