



GIFC Client Register Form – Child/ Youth

DATE: / /

CLIENT # (OFFICE USE ONLY):

CHILD/YOUNG PERSON	
First Name:	Birthdate: / /
Last Name:	Gender:
School:	Teacher:

PARENT/CAREGIVER	
Name:	Contact No.: ()
Address: _____ _____	Email:
Name of the child's legal guardian: _____	Emergency Contact Name:
Signature: _____	Emergency Contact No.: ()
Date: _____	Doctor/ Medical Centre:
<p><i>"I give consent for my child to receive counselling"</i></p> <p><i>"I give consent for my child to attend the EZ2 Education or Mana Rangatahi program"</i></p> <p><i>(please circle the one above that is applicable)</i></p>	

Child/Youth Ethnicity: Maori Iwi: _____

Tongan Cook Is Niuean Samoan Indian NZ European

Chinese Other: _____

Other Family Members in the Household:					
Name	Gender	Age	Name	Gender	Age

Other Information	
Previous Counsellor/s:	
School:	Phone No.
Teacher's Name:	

Current Issues:

Health Information:
Does the child/youth have any existing medical conditions? **Y / N**

If yes, please specify:

Mental Health Information:
Has the child/youth ever been diagnosed with a mental health condition? **Y / N**

If yes, please specify the condition(s):

Does the child/youth have been receiving treatment for any mental health condition? **Y / N**

If yes, please provide details of the treatment:

GP/clinic name | contact details:

(MANA RANGATAHI ONLY) REFERRAL CRITERIA – (Youth has to meet all four criteria)

Has there been current involvement with Youth Aid/ OT or is Court Referred	Yes	No
Low to Medium Risk	Yes	No
10-12 years of age	Yes	No
Reside in the Tamaki Area	Yes	No

REFERRER DETAILS ONLY (if applicable):

Referrer Name:	Organization (if applicable):
Address:	
.....	Contact No.: ()

REFERRAL DETAILS

Service(s) Required:

Safety Concerns? (eg. history of violence/ alcohol or other drug use/ mental health/suicidal)

Circumstances:

Other agencies involved?

BELOW TO BE COMPLETED BY OFFICE:

Client Number	<input type="checkbox"/> Entered in TOMM	<input type="checkbox"/> entered in client register data		
Referred by				
Staff name				
Outcome	<input type="checkbox"/> ongoing	<input type="checkbox"/> complete	<input type="checkbox"/> withdrew	<input type="checkbox"/> referred on
End Date				
Referral Entered In <input type="checkbox"/>	By Staff:	Date:		
Intern Entered <input type="checkbox"/>	By Practitioner:	Date:		



Glen Innes Family Centre CONFIDENTIALITY POLICY

The Glen Innes Family Centre adheres to the Centre's and related professional body's code of ethics in all the services it provides to the community.

The Glen Innes Family Centre recognizes the client's (individual/whanau) autonomy and the right to choose at all times.

Your Rights

1. **Respect**
You should always be treated with respect for your culture, values and beliefs, as well as your right to personal privacy.
2. **Fair Treatment**
No one should discriminate against you, pressure you into something you do not want or take advantage of you in any way.
3. **Dignity and Independence**
Services should support you to live a dignified independent life.
4. **Proper Standards**
You have the right to be treated with care and skill, and to receive services that reflect your needs. All those involved in your well-being should work together to provide quality service.
5. **Communication**
You have the right to be listened to, understood, and receive information in a way that meets your needs.
6. **Information**
You have the right to have the details of the services offered to you explained and to be told what your choices are. This includes your option to be referred to a culturally appropriate service. You are encouraged to ask questions at any time.
7. **It is Your Decision**
It is up to you to decide. You can say no or change your mind at any time.
8. **Support**
You have the right to have someone with you to give you support in most circumstances. With your authority they could talk to us on your behalf, and we would call them your advocate. They could be your family/whanau member or a friend.
9. **Complaints**
It is OK to complain – your complaints help improve our services. If it is easy for you to make a complaint, contact the person providing the service, talk to any one of the staff or contact the Glen Innes Family Centre Manager on phone 570 6250. Your complaint will not have an adverse effect on the way you are treated.
10. **Privacy**
We collect information about you to serve you better. We will treat all information confidentially. Under normal circumstances you are entitled to have access to all information we have relating to you. You are also entitled to request correction of any errors in them.

Your Responsibilities

- You are responsible for keeping all GIFC appointments. Where you need to cancel an appointment for any reason, a minimum of 24 hours' notice is appreciated.
- You are responsible for your own actions and behavior. Our Centre is a violence-free environment, and we ask all who enter to respect this.
- You are responsible for undertaking any tasks or actions that you have agreed to and are documented in your Service Plan.

Counselling fees

While we have a waiting list and we will do our best to get to connect with clients as soon as there is a space, clients will be assessed on a need's basis whereby those with dire needs may be given priority. High risk clients will be passed on directly to the counsellor to follow up immediately after registration. The person who processes the high-risk client will bring this to the attention of the counsellor, either in person or via messenger/ email without mentioning the client's personal details.

A. No shows – (This also applies with Social Workers and any Programs we run through the Glen Innes Family Centre.)

Due to the demand for our counselling service we have a policy whereby if 2 consecutive counselling sessions are missed without good reason, your counselling space will be given to the next person on the waiting list. If you still desire to pursue counselling, you can contact admin and ask to be placed back on the waiting list. We appreciate your understanding and consideration of others.

B. Koha –

We are a Not For Profit Organisation. We seek to make counselling accessible to all who need it. We do not charge a fixed counselling fee but suggest a koha reflecting what you can afford:

1. If you are working and earning a liveable wage, we suggest a koha of \$50 to \$80 per session.
2. If not, we suggest a modest koha of between \$5 to \$20 at your discretion.

This will enable us to assist others. Please see internet bank details below:
Thanks

Name: Glen Innes Family Centre
Kiwi Bank: 38-9007-0517142-00

Please use counselling for particulars and surname of client for the reference.
(via admin if you would like to pay in cash, or for koha explanation.)

Confidentiality

Any information collected and held at our centre remains confidential. Information will not be shared without your prior consent. Please note: Children & Young People are entitled to the same rights of confidentiality as adults.

All files are secured, our premises are alarmed and all GIFC staff are required to sign a confidentiality agreement. Situations where confidentiality may not apply are:

- Where you or another person is at risk of serious harm, however we would endeavour to discuss this with you first.
- Where we are required by New Zealand legislation to share information.

Access to Your Information

As part of your service plan, you may be engaging with more than one staff member at any time. With your consent staff members may share information to support the best possible outcome for you and/or your whanau. Information can be shared by Oranga Tamariki or Police and with other professionals and agencies.

Please note: Our centre is annually audited by Ministry of Social Development (Approvals Team) and to maintain contractual obligations however client identity is protected. No identifying factors (e.g., name, address etc.) will be shared.

I have had the above rights, responsibilities and confidentiality terms explained to me by a Glen Innes Family staff member and sign below as confirmation of my understanding.

Signed (client):

Date: