**0800 what’s up counselling (family violence) referral service**

* Confidential request for Barnardos 0800 what’s up service   
  (to be completed by referrer)

[***0800 What’s Up***](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.whatsup.co.nz%2F&data=04%7C01%7CBan.AlGailani%40barnardos.org.nz%7C69f9147acdac4118e4c208d88f96161f%7C971de3eb8b9a4cdf9a03a0863e37a858%7C0%7C1%7C637417222681821104%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C2000&sdata=Vgmi7Au7f7UxPAOao3QJq%2F67ePENDPjxt42drBq%2BZB8%3D&reserved=0)***is a helpline for tamariki and rangatahi in Aotearoa.   
It’s available nationwide, all year round, and children and teenagers can either call for free or chat online with one of our counsellors.  
Empowering children and teenagers is central to our counselling practice.  
We help to develop a child or teenager’s personal competence and resilience, so they can take a positive perspective on the world around them.   
No problem is too big or too small.***

**What’s up Office use only:**

Date of referral:   
Taken by:   
Assigned to:   
Does the child/family know that she/he is being referred: Yes No   
Has the family given consent: Yes No

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| **Referrer details:**  Name:  Agency/role:  Address:  Contact number:  Email: |

**Child/Teen being referred**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of child/Teen** | **Gender** | **Date of birth** | **School** | **Contact number** |
|  | M  F |  |  |  |

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| **Parent (s) / Caregiver (s) details**  Name (s):  Address:  Phone:  Email:  **Other significant people living in the home:**  Name (s):  Relationship to child/Teen:  Does the client have any siblings? (if so, how many):  Risk/safety assessment:  People at risk to child:  Protection order: Yes  No  Numbers of call-out: Weekly  Bi-weekly  Fortnightly  Best time or day to contact client:  Who will make contact:   Counsellor call-out    Child/Teen will contact (at agreed time)  Who to contact when risk is raised: |

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| **Family situation / social history details:**  **Click here to enter text.** |

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| **Other services/ agencies involved with the family** |

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| --- | --- | --- | --- |
| Name of service/agency | Contact person | Contact details | Who in the family does this service assist? |
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| Referrers concerns:  What would the referrer want/like 0800 what’s up counsellor to work on?  What does the child and his/her family want out of counselling? |

**Please email this form along with safety plan details of child/teen to:**0800 what’s up family violence supervisor

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