



## ARCS Manawatū Referral Form

Please email to: [admin@arcsmanawatu.org.nz](mailto:admin@arcsmanawatu.org.nz)

### Services Required:

ARCS Counselling\*

Court Support Services

Social Work

### Client Information:

<b>Name:</b>	Click or tap here to enter text.	<b>DOB:</b>	
<b>Address:</b>	Click or tap here to enter text.		
<b>Phone:</b>			
<b>Can messages be left?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Email:</b>			
<b>Gender:</b>		<b>Pronouns:</b>	
<b>Ethnicity:</b>	Click or tap here to enter text.	<b>Iwi/hapū:</b>	Click or tap here to enter text.

### Referral Information:

<b>Reason for referral:</b>	Click or tap here to enter text.
<b>Risk Assessment:</b>	Click or tap here to enter text.
<b>Please specify if the client has any accessibility preferences, e.g. interpreter, low lighting/noise setting, days of week/times of day for appointments?:</b> Click or tap here to enter text.	
<b>Other Information:</b>	Click or tap here to enter text.

### Referral Source:

<b>Referred by:</b>	Click or tap here to enter text.	<b>Agency:</b>	Click or tap here to enter text.
<b>Phone:</b>		<b>Email:</b>	Click or tap here to enter text.
<b>Date:</b>			

---

\* ARCS Counselling services are free but are not funded through ACC. If the client is wanting to access ACC-funded counselling, please refer to Safe to Talk 0800 044 334 (choosing Option 2 on the menu). The client can be referred to ARCS and ACC counselling, if they are happy to access counselling through either option.