Te Kahu Toi, Intensive Wraparound Service

Consent to Apply for Intensive Support

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| **Child/Young Person’s Name:**  |  | **Date of Birth:** |  |

Te Kahu Toi, Intensive Wraparound Service (IWS) supports a small number of children and young people with who have behaviour, social and/or learning needs that are highly complex and challenging (and may have associated intellectual difficulty) and require support at home, at school, and in the community.

The purpose of consent form is to ensure that you are aware of and have had a discussion with your key support person about the IWS, know what to expect and have had an opportunity to see the information about your child/ young person’s application for intensive support.

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| As a parent/guardian I have had explained to me: | Parent/Legal Guardian(Child/Young Person as appropriate) – please tick where applicable |
| What Te Kahu Toi, Intensive Wraparound Service (IWS) is and why the application for intensive support is being made. |  |
| What to expect from the IWS service. |  |
| Who the application for IWS will be shared with. That is the prioritisation panel for intensive support process.  |  |
| Privacy of my information has been discussed with me and I have read the application and had an opportunity to correct any of my personal information in the application relating to my child and our family. |  |
| I agree for an application for the IWS service to be made for my child/young person and our family. |  |

**Parents/ Legal Guardians Referrer**

Name: Name:

Signature: ............................... Role:

 Signature: ...............................

Name:

Signature: ............................... Date:

Date: