

INFORMED CONSENT – TAMARIKI (UP TO 16 YEARS)



Tamaiti Name: _____

Date of Birth: _____

INITIALS

<p>I understand and agree that my tamaiti will be allocated a Counsellor, Therapist, Social Worker and/or other professional from Āwhina Whānau Services to work with them and/or our whānau. If special conditions or concerns apply these will be discussed and agreed upon.</p>	
<p>I understand the tautoko (support) my tamaiti will receive from Āwhina Whānau Services, and any questions or concerns I have raised have been satisfactorily answered.</p>	
<p>I agree to tautoko (support) the journey of my tamaiti through therapy and will be available for korero during this process (eg attend whānau hui).</p>	
<p>I agree that I have notified other parents/guardians of my tamaiti and they agree for them to be receiving support from Āwhina Whānau Services. If special conditions apply I will explain this.</p>	
<p>I understand that this is a confidential service and that information disclosed remains confidential (what is said here stays here), unless Āwhina Whānau Services has a duty of care to protect my tamaiti or someone else who is deemed at risk of harm. I will be notified if that is the case.</p>	
<p>I understand that Āwhina Whānau Services may contact me for consent to be part of any teaching or research being undertaken. I understand that my participation will be confidential and that I can chose to decline in taking part at any time.</p>	
<p>I have been informed that from time to time there are student placements based at Āwhina Whānau Services. I understand that I can choose to accept or decline a student’s involvement in the treatment of my tamaiti, and that the student is supervised by a fully qualified professional while based at Āwhina Whānau Services.</p>	
<p>I have been informed that from time to time my tamaiti may require transport by Āwhina Whānau Services to attend excursions to assist in their therapy process. I understand and give permission for my tamaiti to be transported in a vehicle to attend these therapy excursions.</p>	
<p>I agree to notify Āwhina Whānau Services Tari (office) 24 hours before, or as soon as possible, if we are unable to attend any hui or need to reschedule. I understand that if I/we do not make contact with the office for 28 days my tamaiti file may be closed. If I/we wish to re-engage, another referral form will need to be completed and we may be put on a waitlist.</p>	

Parent, Guardian or Caregiver:

Name: _____

Signature: _____

Relationship to te tamaiti: _____

Date: _____