



“Aroha Ki Nga Tamariki – Love to all children”

This is a referral for:

- An individual: Student Name: _____
- A group: Group Referral Name: _____

To be signed by parent and teacher prior to this form being scanned and uploaded:

- Parents have been fully informed of the reason for this referral, and have given consent for this referral to be made.

Parent/s name:	Date:	Signed:
Teacher Name:	Date:	Signed:

To be discussed and ticked by the RTLB with parents at initial meeting:

- I/we have the right to withdraw consent to the RTLB service at anytime
- I/we give consent for the RTLB to collect or share information with regard to my child with appropriate professionals
- information collected about my/our child will be stored on the eRTL B Data Management System.
- I understand and accept that my child’s information may be used for statistical and/or research purposes, provided that if the information is published in any form, that it will not identify me or my child.

To be signed by the parents and RTLB at initial meeting:

Parent/Caregiver	Parent/Caregiver	RTL B
Name:	Name:	Name:
Date:	Date:	Date:
Signed:	Signed:	Signed:

Please scan and attach with online Request for Support