



The Good Ship
R•TUCKER•THOMPSON
BAY OF ISLANDS ★ NEW ZEALAND

Youth Sail Training Voyage Referral Form

Child Details			
Name:		Date of Birth:	
Area:		Gender:	
Is the child or the family aware of your referral? Child: YES/NO Family: YES/NO			

Reasons for referral			
To increase confidence	<input type="checkbox"/>	As a reward for good behaviour	<input type="checkbox"/>
To improve social skills	<input type="checkbox"/>	To grow self-awareness	<input type="checkbox"/>
To learn new skills	<input type="checkbox"/>	To expand horizons	<input type="checkbox"/>
<i>Any other reasons you think are important</i>			

Issues, concerns, risks and Needs
<i>Please detail any information that we need to be aware of to keep the participant and others on the voyage, safe and supported. Please note the crew are not social workers and they are unable to deal with youth requiring a high level of support.</i>



Referrers Expectations
<i>Please state the benefits you would like to see for the young person as a result of their voyage.</i>

Referrers Details			
Organisation:		CYFS accredited? <input type="checkbox"/>	
Name:		Phone:	
Email:		Mob:	

Please email this form to info@tucker.co.nz, fax to (09) 402 8431, or post to P.O. Box 42, Opua 0241.

Important note: If the child is accepted onto a voyage, the referrer and or caregivers will be required to complete a pre and post assessment form to outline any changes made in the young person as a result of their voyage.