

Aoake te Rā Referral form

Aoake te Rā: Bereaved by Suicide Service is a free national service to provide brief specialised therapeutic support for people bereaved by suicide.

Online and phone service is available for bereaved throughout the country with face to face service rolling out over the next year. Please check on our website www.aoaketera.org.nz for service information and to see current online or face to face Provider availability in your area.

Email this referral form to referrals@aoake-te-ra.org.nz

Referral information

Referred by:

- Self referral Friend Family/whānau (please specify) Organisation (please specify)
- Other (please specify)

Referrer detail:

Name of referrer:

Phone number of referrer:

Email of referrer:

Bereaved Contact Information

Full name of bereaved:

Mobile Phone:

Home phone:

Email:

Address:

Bereaved DOB (or age if DOB not known):

Please note if there is a preferred method and/or time for initial contact with bereaved

The bereaved has been informed about the referral and gives permission to be contacted

- Yes No

Preferred provider (if any) from <http://www.aoaketera.org.nz>:

Bereaved Contact Information

Which ethnicity does the bereaved identify with?

Māori (please name iwi) European Pasifika (please specify) Asian Other (please specify)

Please name iwi or specify other details

What gender does the bereaved identify with?

Male Female Other (please specify gender and preferred pronouns)

If the referred person is aged under 16 years, please include name and contact details of parent or caregiver

Full name of parent/caregiver:

Phone number of parent/caregiver:

Email of parent/caregiver:

Please note if there is a preferred method and/or time for initial contact with bereaved

Please indicate if the parent/caregiver is aware of the referral

Yes No Comment:

Key information about the Bereavement

Name of loved one/deceased:

Relationship with the loved one/deceased. (Please tick more than one option if appropriate)

Family Member Friend Colleague Discoverer Other (please specify)

Relationship detail:

Date of Death:

Age of Deceased:

Any other relevant information: (eg English as a second language):

Once referral is confirmed contact with the bereaved will be initiated within two working days. If we have been unable to connect with the bereaved within a fortnight, we will get back to you and let you know.

All information collected by Aoake te Rā is confidential and for the purposes of providing the services as outlined www.aoketera.org.nz. For more detail please see the website.