

# Consent for Referral to the Incredible Years Parent Programme

(In conjunction with the Ministry of Education)

## PRIVACY STATEMENT

### TO THE PARENT

This is an important statement about the use of the information collected for the Incredible Years Programme. Please read it carefully and talk to a member of the Incredible Years team if you are unsure of anything.

1. Information collected from this referral form will be used to help decide on the appropriateness of the Incredible Years Programme for you and your whānau/family. The information we collect will be used to help us support you and your whānau/family through the programme.
2. The Ministry of Education contracts some non-governmental organisations to provide Incredible Years programmes and referral information may be shared with them. Other organisations may include (health, welfare, education) who may be working with you or who could provide support to you and your whānau/family.
3. The information that we collect from you may also be used for statistical and/or research purposes. When information is used in this way, your privacy will be protected and you and your child will not be identified.
4. You have the right to access the information that we have collected about you and your whānau/family, and you can correct it if necessary.
5. The information will be stored securely and held at the offices of:

The Ministry of Education, 19 Haven Road Nelson & Ngati Koata Trust, 137 Vickerman Street Nelson

6. To ensure the facilitators are maintaining a high standard of presentation, there will be a video camera directed at the facilitators for the purpose of accreditation and supervision. No participants will be filmed and all DVD's are destroyed after each programme.

If you would like to talk about the programme, please make direct contact with the Incredible Years Facilitator:

**Huhana Hippolite-van Steeden**

Mobile: **0274888283**

Email: [huhana@ngatikoata.com](mailto:huhana@ngatikoata.com)

If you would like more information, you can visit the following websites:

- Ministry of education: Special Education: Programmes for Parents  
[www.minedu.govt.nz/NZEducationPolicies/SpecialEducation/OurWorkProgramme/PositiveBehaviourForLearning/ProgrammesForParents.aspx](http://www.minedu.govt.nz/NZEducationPolicies/SpecialEducation/OurWorkProgramme/PositiveBehaviourForLearning/ProgrammesForParents.aspx)
- The Incredible Years:  
[www.incredibleyears.com](http://www.incredibleyears.com)

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- I have agreed to this referral being made.
- I have read the Privacy Statement that accompanies this form.
- I understand that my information will be used to support me and my whānau/family through the programme and that it may be shared with other organisations who are working with my whānau/family or who can provide support to us.
- I understand that I can access and correct the information stored about my whānau/family and me.
- I understand that if my information is used for statistical purposes, I and my whānau/family will not be identified in any way.
- I understand that there will be no identification of persons during the videoing.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## PARENTS WISHING TO ATTEND THE INCREDIBLE YEARS PROGRAMME

Name:	Name:
Relationship to child:	Relationship to child:
Ethnicity:	Ethnicity:
Iwi:	Iwi:
Address:	Address:
Contact numbers: Home: Mobile: Work:	Contact numbers: Home: Mobile: Work:
Email:	Email:

**CHILD/REN WITH BEHAVIOUR CONCERNS**

Name:	Name:
Birth date:	Birth date:
Age:	Age:
Male or Female:	Male or Female:
Ethnicity:	Ethnicity:
Diagnosis:	Diagnosis:
School or early childhood centre the child attends:	School or early childhood centre the child attends:
Behaviour/s of concern:	Behaviour/s of concern:

Number of other children in whānau/family:

Preferred date for interview (**Please circle**): Friday 3rd Feb; Friday 10th Feb; Friday 17th.  
(Programme starts Friday 3rd March 2017)

Other agencies involved with supporting whānau/family:

Parent self-referral (please tick)

**REFERRER OTHER THAN PARENT**

Name:	Organisation and address:
Contact numbers:	Email: