



*If you would prefer to discuss your concerns with us, please  
phone 03 378 7300*

## Request for support

Ministry of Education – Learning Support  
Canterbury/Chatham Islands Region

Date:

Has the parent/guardian agreed to this request for support? Yes      No

Child/student's name		First name		Last name	
Gender	<input type="text"/>	DOB	<input type="text"/>	NSN/ELI No.	<input type="text"/>
Ethnicity:					
<input type="checkbox"/>	NZ Māori	<input type="checkbox"/>	Iwi	<input type="checkbox"/>	NZ European
<input type="checkbox"/>	Niuean	<input type="checkbox"/>	Cook Island Māori	<input type="checkbox"/>	Chinese
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Indian
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Tongan
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Unknown
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Samoan
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Not disclosed
Other: Please specify <input type="text"/>					
Language(s) spoken at home <input type="text"/>					

Name and address of ELS/school		<input type="text"/>	
Phone	<input type="text"/>	Email	<input type="text"/>

Name of parent(s)/guardian(s)	<input type="text"/>
Relationship to child	<input type="text"/>
Address	<input type="text"/>
Town/city	<input type="text"/>
Postcode	<input type="text"/>
Phone number	<input type="text"/>
- Mobile	<input type="text"/>
- Work	<input type="text"/>
Email	<input type="text"/>
What is your preferred way to be contacted?	<input type="text"/>

Name of person making the request	<input type="text"/>
Relationship to child	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

## About this request

### What are you concerned about?

(eg: engagement in learning or social activities, access to the physical environment, speech or language skills, behaviour)

### Who else is involved with supporting this child/family? Name / Role / Organisation

Give details: (for example other education and health services)

### What is the outcome you hope to see as a result of this request for support?

### What type of support are you looking for?

<input type="checkbox"/>	Professional learning for teachers/kaiako
<input type="checkbox"/>	Support for a group of children
<input type="checkbox"/>	Wider system support for your setting
<input type="checkbox"/>	Whānau/ Parent support
<input type="checkbox"/>	Individual support for child
<input type="checkbox"/>	Other:

### Privacy Statement

The Ministry of Education collects personal information about children and young people to support their learning and ensure that effective services are provided. Personal information is also used for quality assurance purposes to improve the quality of services provided, and for associated administrative and accountability purposes. The information is held by the Ministry of Education (PO Box 1666, Wellington) in a national database or sometimes paper files at local Ministry offices.

Information may be shared with your child's school or early childhood education provider, but is not shared with other agencies except where necessary for the provision of services, or as authorised or required by law. It is not compulsory for you to provide any personal information but we may not be able to provide the most effective services for your child if you don't. You and your child have rights to request access to and correction of personal information held by the Ministry.

Please save then email the completed form to [referrals.canterbury@education.govt.nz](mailto:referrals.canterbury@education.govt.nz) or post the hard copy to:

Ministry of Education  
Request for Support Mailbox  
PO Box 2522  
Christchurch 8140