

## Form Pack Section 27 Cultural Report

Please fill in all sections as much as possible, and return -  
we will go through this together when we meet for an hour or so, next.

Email to [Shane@talkingshop.co.nz](mailto:Shane@talkingshop.co.nz) or post to The Cultural Assessor, Talking Shop, PO Box 561, Invercargill, 9840

Name: \_\_\_\_\_  
Mobile Number \_\_\_\_\_ Landline \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Date: \_\_\_\_\_  
Email Address \_\_\_\_\_  
Court Date \_\_\_\_\_

## Consent to Section 27 Cultural Assessment

Please read and sign.

I hereby give consent to provide information for a cultural assessment.

Recommendations may be made according to information given.

All information and documents in any form remain the property of Talking Shop Limited and will be treated as medical in confidence. No treatment is provided.

I confirm that I understand the nature and likely effects of the proposed assessment.

Signed \_\_\_\_\_

Date \_\_\_\_\_

### TALKING SHOP LIMITED

Shane Pleasance | Managing Director | MBA, R/N (Psych), PGCertHlthSc BSc(Hons) MinstD DAPAANZ RegPrac  
Telephone: 027 5899921 | PO Box 561, Invercargill, 9879 | web: [www.talkingshop.co.nz](http://www.talkingshop.co.nz) | email: [shane@talkingshop.co.nz](mailto:shane@talkingshop.co.nz)

## Consent to Obtain Information/Referees

Name: \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Date: \_\_\_\_\_

## Consent to Contact for Information

Please read and sign.

### WHO CAN I CONTACT TO VERIFY YOUR INFORMATION?

I hereby give consent for the assessor to obtain information in support of my assessment form the following people or organisations who can verify my information:

For example your partner, parent, whanau, GP, Psychiatrist, counsellor, employer, relative, friend etc:

Medical Records, Mental Health Services, Te Whatu Ora/Health New Zealand. ☒

### Others:

Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Disclosure of Information

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Date: \_\_\_\_\_

I, the abovementioned, understand the explanation of Rule 11 of the Health Information Privacy Code (1994) as outlined herein, and consent to the giving of information to the following people/entities only:

**1. The Presiding Judge @ (Please Circle or write in):**

**Dunedin | Queenstown | Invercargill | Oamaru | Timaru | Alexandra | Gore |  
Ashburton | Christchurch | Nelson | \_\_\_\_\_ Court**

**2. Community Probation Department. \_\_\_\_\_ (Please name P.O.)**

**3. My Legal Representative (Lawyer). \_\_\_\_\_ (Please name lawyer)**

Signed \_\_\_\_\_

### Health Information Privacy Code

The Health Information Privacy Code is available from The Privacy Commissioner, PO Box 466 Auckland, and <https://www.privacy.org.nz/privacy-act-2020/codes-of-practice/hipc2020/>

### Rule 11

#### Limits on Disclosure of Health Information

(1) A health agency that holds health information must not disclose the information unless the agency believes, on reasonable grounds:

(a) that the disclosure is to:

- (i) the individual concerned; or
- (ii) the individual's representative where the individual is dead or is unable to exercise his or her rights under these rules;

(b) that the disclosure is authorised by:

- (i) the individual concerned; or
- (ii) the individual's representative where the individual is dead or is unable to give his or her authority under this rule

Your Assessment may be recorded, and that recording is subject to the same privacy conditions.

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## **Significant History**

In what ways do you think your childhood and development have led to your offending?

Who are your main supports in the community? Consider friends, family, whanau.

What, if anything, tends to disrupt your life and lead to offending?

Who or what were your main influences in your childhood, positive and negative?

What are your main strengths?

What areas do you think you need to work on?

What do you think you need to do to reduce the chances of reoffending?

What resources would be useful to reduce the chances of reoffending?

For example, job, study, A&D work, counselling, mental health assessment, medication, housing, restored relationships etc.

Do you have any physical issues that might have led to ongoing issues for you? For example visible birth defects, hare – lip, teeth missing etc.

Tell me about your family structure – feel free to draw something

Explain your family history/ Hapu/Iwi etc.

How connected do you feel to your family and community? Why?

**CONVICTIONS:**

Please list your charges/convictions from the current to the oldest, and please state what you think might have contributed to your offending? (Anger, A&D, impulsivity etc.)

Date	Charge/Conviction	Punishment	Cause

**COURSES/ANGER MANAGEMENT/DRUG AND ALCOHOL TREATMENT**

Please indicate any current or previous courses, drug or alcohol treatment or assessments you have received.

Please indicate how long you attended, whether you completed and whether you found it useful.

What are your thoughts about receiving courses or treatment/counselling now?\_\_\_\_\_

\_\_\_\_\_

Do you have an indefinite disqualification due to drink driving? Yes/No

Anything else you think would be useful for us to know? Please feel free to provide any references or certificates.

Any other information you think we should know - write here: