

Contact list

Name of child or young person: _____

AGENCY	ROLE/TITLE	NAME	ADDRESS	PHONE	EMAIL
HCN Advisor					
Lead Agency Manager					
Parent/Caregiver					
CYF team member					
Disability team member					
CAMHS team member					
GSE team member					
Other sector manager					
Clinical Advisor					
Cultural Advisor					
HCN Unit		Clare Shepherd		04 918 9065	Clare.Shepherd006@cyf.govt.nz

Interagency Management Group members

Name of child or young person: _____

AGENCY	ROLE/TITLE	NAME	ADDRESS	PHONE	EMAIL
HCN Advisor					
CYF Site Manager					
CAMHS Manager					
Special Education Manager					
Disability Services Manager					
Other					
Other					

