

Referral Information

If this is a self referral please go to section 2 of the form

If this referral is from an organisation on behalf of a person please complete this section in addition to the rest of the form.

Referral Organisation :	Referral Date :
Contact Person In That Organisation :	Ph :
Email :	

If this is a POLICE REFERRAL: Please forward Summary of Facts and an outline of any charges that may have been dropped in relation to the referral. Both parties must agree to this information being provided to us and be aware that we require these for our assessment process.

Section 2 : Self referral

DETAILS of Person who Experienced Harm :

Name :	Date of Birth :
Relationship to the person whose behaviour may have been experienced as harmful :	
Gender :	Ethnicity :
Home Address :	

Contact Details :

Ph :	Mobile :	Email :
------	----------	---------

Support Person :

Name of a Support Person :		
Ph :	Mobile :	Email :

If you require more space to give full information, please attach notes to the referral.

DETAILS of the person whose behaviour may have been experienced as harmful :

Name :

Age :

Relationship to person who experienced harm :

Gender :

Ethnicity :

Do you have current contact details for this person? :

Support Person :

Name of a Support Person :

Ph :

Mobile :

Email :

Why have you initiated this referral now?

Does the other party know you have contacted us and how do they know?

What happened that was experienced as harmful? (Brief description of harmful behaviour)

If you require more space to give full information, please attach notes to the referral.

REFERRAL FORM COMPLETED BY (Name) :

Signature :

Date :

For more information about privacy, confidentiality and complaints please look at our website: <https://www.projectrestore.nz>