**REFERRAL FORM TO INNER CITY WOMEN’S GROUP**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of referral:**  |  | **Referring agency:** |  |
| **Referrers name:** |  | **Referrers phone number:** |  |
| **Referrers email:** |  |
| **Client’s name:** |  | **Client’s date of birth:** |  |
| **Clients phone number:** |  |  | **Ethnicity:** |  |  |
| **Clients email:** |  |  |  | **OT involved:**  | Y / N |
| **Clients address:** |  | **Court/ Corrections:** | Y / N |
| **Clients preferred safe contact:** | Phone/text/email/other: |  |  |
| **Protection order:** | Y / N / Applying **Issuing court:** **Respondents name:** |  |  |
| **ICWG programme referred to:**Circle/highlight one | Breaking the Cycle | Irate | Reclaiming Myself | Between Mother and Child(Papatoetoe only) |
| **Program location:** circle one |  Grey Lynn Papatoetoe |
| **Other agencies involved:** |  |
| **Reason for referral, please give summary:** |
| **Consent from client for referral:**  | Yes / No | **PLEASE SEND REFERRAL FORM TO:**  | admin**@icwg.org.nz** |