**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 | |
| **Program location:** circle one | | Grey Lynn Papatoetoe | | | | | | | | | |
| **Other agencies involved:** | |  | | | | | | | | | |
| **Comments :** | | | | | | | | | | | |
| **Consent from client for referral:** | Yes / No | | | | **PLEASE SEND REFERRAL FORM TO:** | | | | [**tammy@icwg.org.nz**](mailto:tammy@icwg.org.nz) | | |