

Referral Form/Consent to Contact

*When this form has been completed, please **email or fax to SFMI Auckland** – please note this includes all Northland Referrals.*

Freephone: 0800 732 825

Phone: 09 378 9134

Fax: 09 378 6783

Email: admin.auckland@sfnz.org.nz

SFMI Auckland/Northland is an established registered charity which provides free and confidential support, information and advocacy to family/whanau who are supporting someone affected by mental illness (and AOD through our Whangarei Office only). We can offer telephone support, or meet with you at a place of your choice. We would be happy to discuss with you how you think we may be able to help.

Contact details of referrer:	Family Details:
Name of referrer: Agency: Address: Phone: Email: Date sent:	Family / Whānau member name/s: Address: Phone: Mobile: Email: Identified Ethnicity: Maori / Pac.Island / Other
Reason for referral:	<p>I,.....give consent for SFMI Auckland / Northland to contact me by telephone /email.</p> <p>Please leave / do not leave a message for me.</p> <p style="text-align: right;">..... Date.....</p> <p style="text-align: center;">(Signature of family / whānau member)</p> <p style="text-align: center;">OR</p> <p>I, the referrer, have obtained verbal permission from the person named above, for SFMI to contact them.</p> <p style="text-align: right;">.....Date.....</p> <p style="text-align: center;">(Signature of referrer)</p>

PLEASE NOTE HERE ANY CHILDREN & AGES – DO THEY REQUIRE ADDITIONAL SUPPORT?

EXPRESSED INTEREST FOR SF STAFF MEMBER eg: Culture, gender, ethnicity, language etc:

SFMI OFFICE USE ONLY

Allocated FW Support Worker _____ Date _____

