Shama
Supporting Ethnic Women

8 Liverpool Street, Hamilton Central, 3204
PO Box 4218
www.shama.org.nz

REFERRAL FORM

Referral Source:		Date:	
Full Name:		Referrer's Role:	
Phone:		Region/City:	
Email:			

Client Details

First Name:		Last Name:	
Date of Birth:		Address:	
Mobile:		Ethnicity:	
Email:			
Immigration Status:		Religion:	

☐ Refugee Status ☐ Client aware of referral ☐ Children* ☐ Driver's Licence ☐ Interpreter required*

**In "Extra notes", include children's names & DOB and language of interpreter required*

Reasons for Referral

☐ Family Violence between partners	☐ Health	☐ Support & Advocacy	
☐ Family Violence between ex-partners	☐ Information	☐ ACC Counselling	☐ COVID-19 Hardship
☐ Family Violence between parents & children	☐ Isolation	☐ Sexual Violence	☐ Life-skill Classes
☐ Family Violence with others			
Other:			

*Extra notes

Shama office use only

Shama staff:		Date:	