# Referral

**Please return this form to support@betterblokes.org.nz**

| **Client** | |
|---|---|
| Name | |
| Best Contact Number | |
| Alternative Contact Number | |
| Email Address | |
| Presenting Issues/Needs of Client | |
| Reason for Referral | |
| Area of Auckland the client is based in | |

| **Referring Agency** | |
|---|---|
| Referrer | |
| Contact Number | |
| Email Address | |

I consent to the above information being held by BETTER BLOKES, in confidence and in a secure location until I request it to be destroyed, for the following purposes:

- To enable BETTER BLOKES to provide me with effective support services;
- To enable BETTER BLOKES to provide Government Agencies with the anonymous audit information that is required to assure funding for the support services you receive from BETTER BLOKES

I am aware that BETTER BLOKES have an official complaints process that I can access if I have any concerns about the unconsented or unlawful disclosure of this information.

Signed by the Client _____

Date _____