



**SHAMA**  
 Hamilton Ethnic Women's Centre Trust  
 PO Box 4218 Hamilton  
 27 Beatty Street, Melville, Hamilton  
 Phone: 07-8433811 Mobile: 0272433811  
 Email:shamahewc@xtra.co.nz

**REFERRAL FORM**

**Referral Source:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Full Name \_\_\_\_\_ Referrer's Role \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

**Client details**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Language Ability: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Immigration Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Children's Name & D.O.B: \_\_\_\_\_

**Service requested**

- Home visit support/Advocacy
- Life skill programmes
- Counselling
- Domestic Violence Workshop
- Others \_\_\_\_\_

Is the client aware of this referral?  Yes  No

Relevant referral information:

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