HAMILTON ABUSE INTERVENTION PROJECT

SELF REFERRAL FORM

|  |
| --- |
| Referrer Information  |
| Person name |
| Also Known As |
| Gender |
| DOB |
| Address |
| Phone |
|  |
| Date  |
| Signature |
| Any other information you may wish to provide |
| Consent  |
| I/We consent to being referred to the HAIP Non-violence and Safety Programmes. |
| Signature Date / /  |

**You can either email this form to:**

**Email** admin@haip.org.nz

**Fax** 07 834 3149

**Drop In** 135 London Street, Hamilton

**Ring** 07 834 3149