

## SHE Self-Referral Form

*Please note that this is for non-urgent referrals. For anything urgent, please call the crisisline on 0800 REFUGE.*

Consent			
<p><b>Do you consent to the following?</b></p> <p>The information that has been provided in this form will be kept strictly confidential in a database that is securely web-hosted, fully audited, and accessible only by authorised persons (such as our IT hosting provider and the National Collective of Independent Women’s Refuges members).</p> <p>Identifiable information you give us will not be released to unauthorised persons or external parties without us contacting you in the first instance to obtain your permission, unless the release of information is necessary for your safety or the safety of your children as per the Privacy Act 2020, the Family Violence Act 2018, and the Oranga Tamariki Act 1989. You understand that you have the right to access (and have corrected or updated) any information held in the database by contacting our privacy officer at office@SHE.org.nz.</p> <p>Information required for funding, MSD/ Te Kāhui Kāhu auditing purposes, and statistical reporting (this does include personal details to facilitate data quality processes and reporting validation) will be collated by the National Collective of Independent Women’s Refuges. This information will also be used to build a clearer picture of family violence in New Zealand and to develop/provide better, sooner, and more effective services for women and children.</p>			
<b>Consent Given</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"><b>Yes</b></td> <td style="width: 50%; text-align: center; padding: 5px;"><b>No</b></td> </tr> </table>	<b>Yes</b>	<b>No</b>
<b>Yes</b>	<b>No</b>		

Your Information						
<b>Full Name</b>			<b>Are you safe right now?</b> <i>(If no, please call 111 or 0800 REFUGE)</i>			
<b>Date of Birth</b>				<b>Yes</b>		
<b>Known by any other names?</b>			<b>Gender</b>	<b>No</b>		
<b>Home Address</b>						
<b>Phone Number</b>			<b>Email Address</b>			
<b>Is it safe to text/call?</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>			
<b>Ethnicity/Nationality</b> <i>(Iwi if known)</i>			<b>Transport</b>	<b>Yes</b>	<b>No</b>	
<b>Emergency Contact</b> <i>(Name, Relationship &amp; Contact)</i>						
<b>Accommodation Situation</b>	<b>Renting</b>	<b>Kainga Ora</b>	<b>Own Home</b>	<b>Family or Friends</b>	<b>No Fixed Abode</b>	<b>Other</b>

Perpetrator Information						
Perpetrators Name				Date of Birth		
Relationship to you						
Address (if known)						
Protection Order	Yes	No	Parenting Order	Yes	No	
Drug or Alcohol <i>(Details)</i>			Gang Affiliations <i>(Details)</i>			

Children Information				
Name	Ethnicity	Date of Birth	Gender	Who do they live with?

Other Agency Involvement		
Are there any other agencies involved with you or your family?	Yes	No
Further details <i>(Include agency name and current involvement if possible)</i>		

**Additional Information**

**What's happening for you? What do you require support with?**