

# Preventing & Minimising Gambling Harm Services

## REFERRAL FORM

### Consent for release of information

- I authorise this form to be sent to the National MVE Administrator to refer me to the appropriate preventing & minimising gambling harm service. The purpose of the referral is to access specialist guidance and support for gambling harm. The counselling will be private and confidential to the person concerned. It will also be free of charge.

A counsellor can contact me in the following ways. Please only provide contact details for your preferred methods of contact:

First Name:	Surname:
Mobile:	Home Phone:
Email:	

Best time for contacting me: \_\_\_\_\_(time and day of the week)

Is it ok to leave a message  Yes  No

Would you prefer a **Maori, Pacific, Asian** or an **All - inclusive** service to contact you -

*Please specify:* \_\_\_\_\_

### Services provided

- *Help you extend an exclusion order to other gambling venues in the area (Multi Venue Exclusion)*
- *Information and counselling services for you and/or your family members affected by gambling harm*
- *Referral to other services e.g. budgeting, food parcels, legal advice, health support*
- *Education and support groups*

[NationalMVEAdmin@salvationarmy.org.nz](mailto:NationalMVEAdmin@salvationarmy.org.nz)

**National MVE Administrator, The Salvation Army, National Office ASARS, PO BOX: 24073, Royal Oak, Auckland 1345 - Ph: 09 639 1106, Mob: 021190 7218**