

Consent for release of information

- I authorise this form to be sent to the Regional MVE Coordinator 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. This can include counselling, and/or assistance to self-exclude from **pokie venues**.

Any support or 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 **Māori, Pacific, Asian** or an **All - inclusive** service to contact you -

Please specify: _____

Services required:

- 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

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