**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**

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*

Preventing & Minimising Gambling Harm Services - REFERRAL FORM

