

**324 Malfroy Road**

**ROTORUA**

**Ph 07 3470169**

**GYM PROGRAMME REFERRAL FORM**

**YOUTH’S DETAILS:**

Full Name: ……………………………………………………………………………………………………………………………………….…………..…..

Address: …………………………………………………………………………………………………………………………………………………………

Contact Phone Numbers: Home: …………………………………………… Mobile: …………………………………………………..

Date of Birth: / / 20…. Age: Gender: Male Female

Ethnicity: ………………………………………………………………………………………..

School Attending: …………………………………………………………………………… Current Year: …....................................

Referrer’s Name (Optional): ………………………………………………………………………………………………………………………………..

**Relationship** to the Young Person: ………………………………………………………………………………………………………….

Contact Details: …………………………………………………………………………………………………………………………………………………..

**REASON FOR THE REFERRAL**: ………………………………………………………………………………………………………………………………………………………………………………

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**CONFIDENTIALITY STATEMENT:**

**I understand that the information provided in this statement will be held and used only by the staff of the Gym Mentorship Program of Kimiora Community Trust.**

*Building strength and bringing hope for a better tomorrow*