



WAAHI AROHA CONTACT DETAILS: PH: AMBER 027 525 8510 EMAIL: amber@kimiora.nz
PH: OFFICE 07-347-0169

Waahi Aroha Client Details:	
Full name:	Address:
Preferred name:	Suburb:
DOB:	City:
Gender:	Home Ph:
Ethnicity:	Mobile Ph:
Iwi:	Email:
Hapu:	
Occupation:	
Preferred language	

Referrer's Details:	
Name:	Email:
Agency:	Ph:
Relationship:	

Reason for the referral:

CONFIDENTIALITY STATEMENT:

I understand that the information provided in this statement will be held and used only by the staff of the Waahi Aroha program of Kimiora Community Trust

Building strength and bringing hope for a better community