



Support Group Recommendation Form

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| Group: | | | |
| Name: | | | |
| Address: | | | |
| Phone number: | Mobile: | Landline | |
| Email: |  | | |
| Permission to be contacted by group representative | | | By phone |
| By email |
| Age: |  | |  |
| Ethnicity: |  | |  |
|  | | | |
| Signature of participant | | | Date |
| Signature of referrer | | | Date |

Please send form to Support Group Facilitator Psychology Clinic Private Bag 11222 Palmerston North 4442 New Zealand.