Mapu Maia Referral Form

Welcome to Mapu Maia, a culturally appropriate Pacific counselling service available to any person and their family impacted by gambling harm. Our services are free and confidential. We offer support in homes and offsite location to tailor to the needs of our clients and to ensure they feel comfortable and safe. Services are offered on an appointment basis and our staff are available after hours if necessary.

We ask of you to complete this with your client. This form is a fillable document, click on the fields to enter text. Send form to help@mapumaia.nz or ifo.faanana@mapumaia.nz

Client Information

|  |  |
| --- | --- |
| Date of Referral | Click Here |
| Full Name | Click here | Ethnicity | Click here |
| Date of Birth | DD/MM/YYYY | Gender | Click to Select |
| Physical Address | Click here |
| City | Click here | Postcode | Click here |
| Mobile Phone | Click here | Landline | Click here |
| Email | Click here |
| What kind of gambling do you engage in or has impacted you? | Click here |
| Are you a gambler or affected other? | Click to Select |
| Have you ever had a problem with gambling? | Click to Select |
| Have you ever been affected by someone else’s gambling? | Click to Select |
| Do you give consent to be contacted? | Click to Select |
| Is it okay to leave voice messages on your mobile phone? | Click to Select |
| Is it okay to text your mobile phone? | Click to Select |
| Is it okay to send you emails? | Click to Select |

Referring Agency Information

|  |  |
| --- | --- |
| How did you find out about our service | Click here |
| Referring Agency Name | Click here |
| Refer Name | Click here | Position | Click here |
| Mobile Phone | Click here |  |
| Email | Click here |