



WOMEN'S HEALTH
GOULBURN NORTH EAST

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**Consent for Release of Information for Referral
between
Other Agencies & WHGNE**

I,, give permission for Women's Health Goulburn North East to communicate with people and services for the purpose of referral. This may include but is not restricted to; contact details, and service connection history. This information shall be used strictly for the purposes of an application for a No Interest Loan.

Applicant signature:.....

PRINT NAME:.....

Date:.....

Case Worker signature.....

PRINT NAME:.....

Organisation.....Phone Number.....

Date:.....

