



**WOMEN'S HEALTH**  
GOULBURN NORTH EAST

**57 Rowan Street, Wangaratta 3677**  
**Ph: (03) 5722 3009 Fax: (03) 5722 3020**  
**whealth@whealth.com.au www.whealth.com.au**  
**PO Box 853, Wangaratta Victoria 3676**

**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:.....

