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| REFERRAL FORM  ***Whānau Mai - Antenatal Education*** | | | | | | | | | | | | | | | | | | | |
| **Whānau Details** | | | | | | | | | **Referral Date:** |  | | |  | |  | | |  | |
| **First Name:** |  | | | | | **Whānau Name:** | | |  | | | | | | | | | | |
|  | | | |  | |  | | | | | | | | | | | | | |
| **AGE/DOB:** | | | **NHI:** | | | **Ethnicity:** | | |  | | | | | | | | | | |
|  |  | |  |  | | **Mama/Hapu/Iwi:**  **Pepe/Hapu/Iwi:** | | |  | | | | | | | | | | |
|  |  | |  |  | | **Parity – P / M:** | | |  | | | | | | | | | | |
| **Gender: ** | Male | |  | Female | | **Due Date:** | | |  |  |  | | |  | |  | | |  | |
|  | | | | | | | | |  |  |  | | |  | |  | | |  | |
| **Contact Details** | | | | | | | | |  |  |  | | |  | |  | | |  | |
| Home Phone: |  | | | | Mobile: | |  | | Email: | | | | | | | | | | |
| Address: |  | | | | | | | | | | |  |  | |  | |  | | |
| Suburb: |  | | | | | Town: **If Remote/Rural** - Area Code: | | | | | | | | | | | | | |
|  | | | | | | | | |  |  |  | | |  | |  | | |  | |
| **# and Name of Supporting Whanau to attend and relationship** | | | | | | | | | | | | | | | | | | | |
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| **Referrer:** |  | |  | **Service/Agency:** | | | |  |  | **Contact Phone:** | | |  | |  | |  | | |
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| **Referrals can be emailed to:** | | | |  | |  | |  |  | Te Puawaitanga Ki Ōtautahi Trust | | | | | | |  | | |
| [Reception@omwwl.maori.nz](mailto:Reception@omwwl.maori.nz) | | |  |  | |  | |  |  | P.O. Box 16886, Hornby, | | | | |  | |  | | |
| **0800 66 99 57 or 03 344 5062**  Fax: 03 349 0645 | |  |  |  | |  | |  |  | Christchurch | | |  | |  | |  | | |