

## Referral Form and Consent to Share Information [to be e-mailed to [helpline@debtfix.co.nz](mailto:helpline@debtfix.co.nz)]

Name of Client	
Email Address	
Mentor Name and Service	

***Please note Debtfix is a hardship and debt solutions charity and not a budget service. We will work with you and your client to explore a suitable solution. Please include the Budget Worksheet and Debt Schedule with this form.***

**Please provide a brief reason and summary of needs for referral**

### To be Signed by Client

I hereby authorise the release of my personal details to Debtfix, for them to explore a suitable solution to manage my debts, and agree for my Mentor to share the above information including any other relevant information that they may have, with Debtfix, its directors or members of its staff.

I have read and understood the Privacy and Disclosure Statements.

<https://www.debtfix.co.nz/privacy>

<https://www.debtfix.co.nz/disclosure-statement>

Name .....

Signed .....

Dated .....