



## Kokiri Marae Māori Women's Refuge

### ***background information of participants attending Whakaoho Wairua***

This information will be kept confidential and in a secure safe place and will be available only to the programme facilitator(s) and other relevant staff.

Name: ..... Phone No: .....

Iwi: ..... Date of Birth: .....

Address: .....

.....

.....

.....

Is it safe for us to contact you at home:  Yes

No

Is it safe for us to contact you by mail:  Yes

No

If none of the above, is there another contact address

or phone number that is safe for us to use:  Yes  No

Address: .....

Phone No: .....

Will you require help with transport?  Yes  No

Will you require help with childcare?  Yes  No

Ages of the children:

.....

Do you have Protection or other Orders in place  
at the moment?

Yes

No

If yes, please give details: .....

.....

Is your partner currently in a stopping violence programme?

Yes

No

Which programme is he enrolled on?

.....

Has your partner ever attended a stopping violence  
programme?

Yes

No

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*OFFICE USE ONLY*

Date interviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date entered programme: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date exited: \_\_\_\_/\_\_\_\_/\_\_\_\_