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Attachment A1'

**Consent for Release Information for Referral
between
Other Agencies & WHGNE
for WOMEN'S HEALTH NILS program participants**

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:.....

Date:.....

