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**Referral to Jubilee Budget Advisory Service for
Free Budget Advice and Education**

Referrer Details

Organisation _____
Contact person _____ Phone _____
Other phone / email _____ Date _____
Notes _____

Client Details

Full name _____
Address _____
Phone _____
Other phone / email _____
No # children in home _____ Income/benefit type _____

Is the client aware of this referral Yes/No

Do you wish to attend the appointment also Yes/No

Is the client required to inform you on their progress Yes/No

Reason _____

Are there any urgent concerns we need to know (e.g. electricity, repossessions)

Other Comments _____

“Thank you for your referral. We will aim to make contact with the client within 24 hours of receiving this form which can be sent to our service by either fax, post or email. We will inform you once we have made contact with the client”.