A Tasmanian Lifeline – Call-back Consent Form

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| **Client name:** |  |
| **Client contact number:** |  |
| **Preferred date & time:** |  |

|  |  |
| --- | --- |
| Name of referrer: |  |
| Name of referrer organisation: |  |

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| --- | --- |
| The client consents to receive a call back from A Tasmanian Lifeline: |  **YES** or **NO** |

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| **Client Signature:** |  | **Date:** |  |

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| I hereby affirm that the client named above has verbally consented to and requested a call-back from A Tasmanian Lifeline. |
| Printed Name: |  |
| Signature: |  | Date: |  |