

Referral Form

Personal Details

First name/s _____ Last name _____
 Date of birth _____ Gender M / F Self-referral Yes / No
 Address _____ Phone _____
 Email _____ Mobile _____

Health Details

Diagnosis _____ NHI Number _____
 Smoker Yes / No
 Health Support Contact _____ Phone _____
 Address _____ Mobile _____
 _____ Email _____

Please include any relevant information that may inform the employment journey.

Benefit Details (if applicable)

Benefit type Jobseeker Support Sole Parent Support Supported Living Payment

Work obligations 15+hrs pw 30+hrs pw

Work & Income Number _____ New Zealand Resident Yes / No
 Work & Income Contact _____ Phone _____
 Service Centre _____ Email _____

Ethnicity

NZ/European Maori Pacific Islander Other _____
 Iwi _____ Country of birth _____

Referring Details (if applicable)

Name of Referrer _____ Phone _____
 Organisation _____ Email _____

Consent

I give consent for any referring agency and Workwise to share information about me. I understand that participation is voluntary and that I can withdraw my consent and participation at any time.

Signed _____ Date _____

Office use only

Date received _____ Date referrer notified _____ Date client notified _____
 Consultant _____ Team _____