

## Personal details

First name/s

Last name

Date of birth

Gender

M /  F /  Non-binary

Address

Phone

Email

## Health details

Diagnosis (if applicable)

NHI number (if known)

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

## Current status

Currently employed  Yes /  No

New Zealand resident  Yes /  No

## Benefit details (if applicable)

**Benefit type**  Jobseeker Support  Sole Parent Support  Supported Living Payment  Not receiving benefit

## Ethnicity

NZ/European  Māori  Pacific Islander  Other

Iwi/Hapū

Country of birth

## Referring details

Self-referral *If not a self-referral, please complete referrer details:*

Name of referrer

Phone

Organisation

Email

## Consent

I give consent for this referral. I understand that participation is voluntary and that I can withdraw my consent and participation at any time.

Signed

Date