

Workwise referral form

workwise
employment agency

Personal details

First name/s	<input type="text"/>	Date of birth	<input type="text"/>
Last name	<input type="text"/>	Address	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another gender		
Please specify	<input type="text"/>	Phone	<input type="text"/>
Pronouns	<input type="text"/>	Email	<input type="text"/>

Health details

Diagnosis (if applicable)	<input type="text"/>
NHI number (if known)	<input type="text"/>

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

<input type="checkbox"/> NZ/European	<input type="checkbox"/> Māori	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other	<input type="text"/>
Iwi/Hapū	<input type="text"/>	Country of birth	<input type="text"/>	

Referring details

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

Name of referrer	<input type="text"/>	Phone	<input type="text"/>
Organisation/team	<input type="text"/>	Email	<input type="text"/>

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	<input type="text"/>	Date	<input type="text"/>
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