

Workwise referral form

workwise
employment agency

Personal details

First name/s

Last name

Date of birth

Gender Male Female Another gender

Please specify:

Pronouns

Phone

Email

Address

Health details

NHI number (if known)

Mental Health Condition/s Yes No

Physical Health Condition/s Yes No

Please specify:

Current status

Are you currently employed Yes No

Are you a NZ or Australian citizen, a NZ permanent resident
or have a valid NZ work visa Yes No

Benefit details

Jobseeker Support

Sole Parent Support

Supported Living Payment

Receiving benefit but unsure of type

Not receiving benefit

Referring details

Self-referral

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

Name

Relationship

Team

Organisation

Phone

Email

Ethnicity

*Which ethnic group do you belong to? Mark the space or spaces
that apply to you.*

New Zealand European

Māori

Samoan

Cook Island Maori

Tongan

Niuean

Chinese

Indian

Other such as Dutch, Japanese, Tokelauan. *Please state:*

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

Consent

I agree to this referral. If someone else is referring me, I agree they can share relevant personal, health, and wellbeing information with Workwise. I understand Workwise works closely with health or housing services, so relevant information may be shared to support me. Taking part is my choice, and I can withdraw my consent or stop participating at any time.

Signed

Date