

REFERRER INFORMATION		
Name Of Referrer:		Telephone:
Agency:	Branch:	Referral Date:
Email Address:		

JOB SEEKER INFORMATION		
Surname:	Given Names:	Date of Birth:
Address:	Suburb:	
Home Phone:	Mobile:	
Email:		
Next of Kin:	Relationship:	Phone:

ETHNICITY:	<input type="checkbox"/> NZ Maori	<input type="checkbox"/> NZ European	<input type="checkbox"/> Pacific Islander	Other:
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INCOME SOURCE:			
<input type="checkbox"/> Invalids Benefit:	<input type="checkbox"/> Sickness Benefit	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Sole Parent
<input type="checkbox"/> ACC	<input type="checkbox"/> Non Beneficiary	<input type="checkbox"/> Disability Allowance	<input type="checkbox"/> Special Benefit
<input type="checkbox"/> Paid Employment	<input type="checkbox"/> Accommodation	Other:	

PLEASE TICK THE BOXES OF SERVICES YOU ARE CURRENTLY REGISTERED WITH			
<input type="checkbox"/> Catapult	<input type="checkbox"/> CCS	<input type="checkbox"/> Creative Works	<input type="checkbox"/> Workwise
<input type="checkbox"/> Job Connect	<input type="checkbox"/> Work Solutions	<input type="checkbox"/> PATHS	<input type="checkbox"/> Idea Services
<input type="checkbox"/> Kaleidoscope	<input type="checkbox"/> Lifelinks	<input type="checkbox"/> Skill Wise	<input type="checkbox"/> Enable Works
<input type="checkbox"/> ACC	<input type="checkbox"/> Workbridge	<input type="checkbox"/> Hillmorton Hospital	<input type="checkbox"/> Work & Income

THE FOLLOWING INFORMATION IS REQUIRED FOR US TO HELP YOU TO FIND EMPLOYMENT	
Work and Income Branch Location:	Work & Income Number (SWN):
Work & Income Employment Coordinator:	Phone:
Work & Income Employment Disability Coordinator:	Phone:
Work & Income Case Manager:	Phone:
Work & Income Work Broker:	Phone:
Workbridge Consultant:	Phone:
IRD Number:	Tax Code:
Are you registered with Work and Income as looking for work? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PLEASE TICK WHAT TYPE OF DISABILITY(S) YOU HAVE:			
<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Sensory	<input type="checkbox"/> Psychiatric
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Medical	<input type="checkbox"/> Literacy	<input type="checkbox"/> Learning
<input type="checkbox"/> Neurological	<input type="checkbox"/> Autism/Aspergers	Other:	

WHAT IS YOUR EMPLOYMENT PREFERENCE

PLEASE SIGN AUTHORISATION OF REFERRAL	
I hereby give permission for this information to be provided to Vision Employment Support Services Charitable Trust as part of their referral process.	
Signature:	Date: