



Career Moves
London Business Centre
55 London Street
HAMILTON
07 8397367
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Supported Employment Referral Form

Important: please answer all questions

Are you are filling this referral form out for yourself?

yes no

Has consent been given to make this referral? (if no to above)

yes no not applicable

Have the person's family/whanau/caregiver been informed of this referral?

yes no

Date of referral _____

Name _____

Address

Street _____

Suburb _____

Town/City _____ Post Code _____

Telephone _____ **Mobile** _____

Email _____

Date of birth _____

Place of Birth _____

Ethnicity Maori Pakeha Pacific Islander

Other (*Please specify*) _____

Do you have?

New Zealand Citizenship Residency Open Work Permit None of these

Services that are important to include in this supported employment referral

• *Supported Living provider* _____ ph. _____
(name and contact)

Are they aware of this referral? yes no

• *Vocational support provider* _____ ph. _____
(name and contact)

Are they aware of this referral? yes no

• *Other provider of services/ support* _____ ph. _____
(name and contact)

Are they aware of this referral? yes no

Other services involved

Department of Work and Income

Workbridge

ACC

Disability Support Link

Other (*Please list*) _____

What is the reason for this referral?

What type of ongoing support would you require if you were to find a job?

What work history do you have?

What disability do you have?

Intellectual

Physical

Sensory

Psychiatric

Other/Specifics _____

Do you receive a benefit from Work and Income?

Yes

No

If yes, please state which benefit.

Work and Income Client Number _____

Do you have any individual or cultural needs we should be aware of for your Referral Interview?

Name of referrer if different from person being referred

Relationship to person being referred _____

Address: Street _____

Suburb _____

Town/City _____

Telephone _____

Email _____

Office Use Only:

Date Referral received _____

Services consulted with _____

Date Referral Meeting _____

Outcome of Referral Interview: Registered on Job Seeker's Register
Referral Withdrawn

Referral requested in SORT _____

Other _____

Date client begins service _____

Clients File Name _____

Privacy Statement

Career Moves trust collects personal information from you, including information about your:

- Name & Address
- Contact information
- location
- Interactions with us
- Employment history
- SWN & ORS numbers

We collect your personal information in order to:

- Report and manage our business
- Report to MSD & ACC and other referral agencies as required

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at :

mark@careermoves.org.nz or call Mark Smith on 027 570 6668