



Career Moves  
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London Business Centre  
55 London Street  
HAMILTON  
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## Referral Form

**If you are filling this referral form out for yourself, please continue.**

**If you are filling this form out for someone else, consent is needed from that person or their family/whanau/caregiver before you can proceed.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Preferred Name (*If different from above*):

\_\_\_\_\_

Address: Street \_\_\_\_\_

Suburb \_\_\_\_\_

Town/City \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Ethnicity:  Maori  Pakeha  Pacific Islander

Other (*Please specify*) \_\_\_\_\_

Do you have?

New Zealand Citizenship  Residency  Open Work Permit  None of these.

WINZ Client Number: \_\_\_\_\_

What other organisations are you registered with?

Department of Work and Income

Workbridge

Disability Support Link

ACC

Other (*Please list*) \_\_\_\_\_

\_\_\_\_\_

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.

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What is the reason for this referral: (*Write further information over page if needed*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any individual or cultural needs we should be aware of for your Referral Interview? (for example, where would you like the interview to take place, who would you like to come with you)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of referrer if different from person being referred:

\_\_\_\_\_

Relationship to person being referred: \_\_\_\_\_

Address: Street \_\_\_\_\_

Suburb \_\_\_\_\_

Town/City \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**Office Use Only:**

Date Referral received \_\_\_\_\_

Date Referral Interview letter sent \_\_\_\_\_

Date for Referral Interview \_\_\_\_\_

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

Referral Withdrawn

Other \_\_\_\_\_

Date Referral Outcome is notified \_\_\_\_\_

Date client begins service \_\_\_\_\_

Clients File Name \_\_\_\_\_