

WF-10 – WORKFOCUS REFERRAL FORM

Workfocus is committed to assisting people who have lived experience of mental illness to gain employment and support with career progression.

Personal Details

Name: _____ Mr Mrs Miss Ms

Address: _____

Post Code: _____

Best contact number: _____ Date of Birth: _____

Email: _____ Ethnicity: _____

Emergency Contact Name and number : _____

I am a: NZ Citizen NZ Resident Other: _____

Are you registered with Work and Income? Yes No Benefit Type: _____

Work and Income Site: _____ Work and Income Number: _____

Work and Income Case Manager : _____

Service Details

Are you making the referral yourself? Yes No

If no, referrer name and agency: _____

Are you registered with other Supported Employment Agencies? Yes No

If yes, please name: _____

Are you a smoker? Yes No If yes, would you like assistance in trying to stop? Yes No

Declaration

I give permission for Framework to approach my health provider(s) and other support people for further information if necessary. I give permission for information to be shared between relevant parties and the Ministry of Social Development (Work and Income).

This information will be kept confidential along with all other personal records, as required by the Health Information Privacy Code (HIPC).

Signature: _____ Date: _____

On completion fax to (09) 523 2149 or
Email: workfocus@framework.org.nz or
Post to: PO Box 22 424, Otahuhu,
Auckland 1640

Admin

Employment Consultant: _____

Date registered: _____