

You Have The Right To Have Whanau Present At These Meetings

Referral Date:

Full Name: *

Address: *

Phone:

Gender:

Date of Birth: *

Marital Status:

Dependents:

Ethnicity:

Benefit Number: *

Benefit Type:

IRD Number: *

Email address:

Are you involved with any other agencies? (Workbridge, ACC, Supported Living Provider etc.)

Living Situation: Supported Flattening Own Home With Parents

Diagnosis:

Medication:

Side Effects:

Criminal Convictions:

Current Drivers Licence? Yes / No

Driving Restrictions? Yes / No

Own Car? Yes / No

Public Transport, OK? Yes / No

Employment

What does employment mean for you? Why are you looking for a job?

What type of work are you looking for?

Hours Available:

Days Available:

Working Evenings, OK? Yes / No

Working Weekends, OK? Yes / No

Ideally how many hours per week would you like to work?

Employment History

Education / Training

Interests and Hobbies:

How do you think your illness or disability could affect your employment?

What indicators do you know of that tell you when you are becoming unwell?

What are your expectations of the support you will receive from Evaro Employment?

Your information may be passed on to:

- Staff of Evaro involved in providing and administering services to you.
- Outside agencies that assist us in providing and administering services.
- Ministry of Social Development and Work & Income as part of our reporting and contractual obligations.
- The Ministry of Health for health research and statistical purposes (only if this information is non-identifying).
- We will not disclose your information to any other agency unless you authorise this or we are required to do so by law.

Your right of access

Under the Health Information Privacy Code 2020, you have the right to request access to, and correction of, any information held about you.

I confirm that I have been provided with information on the service, agreed to participate, and have consented to information sharing.

I confirm that once I am placed into employment, I will let Evaro Employment know the job details including name of workplace, number of contracted hours, and hourly rate. I agree to keep in contact with Evaro Employment for follow-up support after placement.

Applicants Signature: _____

Date: ____/____/____