

REFERRAL FORM



CLIENT DETAILS					
Date					
Name				Date of Birth	
Address					
Phone		Mobile		Ethnicity	
Email			Next of kin		
REFERRER DETAILS					
Referrer Name				Phone	
Referring Agency/Service					
Address					
Email					
Reason for Referral					
Employment Services				Yes / No	
Work-Focussed Anxiety Counselling Services				Yes / No	
WORK & INCOME DETAILS					
Work & Income No		Office		Benefit Type	
Job Choices					
What sort of job is the client looking for?					
How many hours do they want to work? We ask that the hours a person wants, or is able, to work are 15 hours or more.					
Health					
Disability Diagnosis or Barriers to Employment					
Other Disability Agencies involved					
GP				Phone	
CV					
Please ask the client to email their CV to admin@ces.org.nz or bring a paper copy to the appointment.					
OFFICE USE ONLY	Date received		Referral entered into Recordbase		

CATAPULT EMPLOYMENT SERVICES TRUST

Please complete all these questions as fully as you can.

1. How has the person clearly demonstrated a desire to work?

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2. How has this been demonstrated?

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3. Are there any health issues that need to be addressed before starting work?

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4. Are there other needs that should be addressed before the job search process can begin e.g. Housing, Budgeting, Support for Family/Whanau?

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5. Other relevant information

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If you have any queries or issues you would like to discuss please feel free to contact us.



phone: (03) 365 7005
email: admin@ces.org.nz

478 barrington street
p o box 33368
barrington
christchurch 8244
www.catapult.org.nz