



**Referral Form:
CONFIDENTIAL**

Name: _____ **Mr Mrs Miss Ms**

Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Ethnicity: _____

Are you a NZ Citizen: YES/NO NZ Resident: YES/NO Do you have an open work permit? YES/NO

IRD No:

MSD/WINZ customer number:

Benefit Type: _____ e.g. Supported Living, Job Seeker, other.

Do you live with family? YES/NO Do you live independently? YES/NO

Do you live in a residential environment with support from a service provider? YES/NO

Caregiver's name (if applicable): _____ Phone No: _____

Describe the nature of your disability. Give as much information as you can.

Name of Doctor: _____ Phone No: _____

Briefly describe your work history / voluntary work, if any? Are you a school leaver?

Do you have any criminal convictions? _____

Have you applied for a position at Altus Enterprises before? YES/NO If so, when? _____

Are you completing the referral yourself? YES/NO

Referral Agency (if applicable): _____

Agency Contact Name and Phone No: _____

Date of referral: _____ Applicant signature: _____

Please return the completed form via email or mail to:

jo.karl@altusenterprises.co.nz or
Altus Enterprises PO Box 76091
Manukau, Auckland, 2241