

POLY-EMP EMPLOYMENT & ADVISORY SERVICE

Please complete all of the questions on this referral form with the help of some one if you need to.

NAME:		D.O.B	
ADDRESS:			
PHONE NUMBERS:			
EMAIL ADDRESS:		ETHNICITY	
BENEFIT DETAILS: Please circle	Supported Living. Job seekers Job seekers with medical certificate. Other.	WINZ NUMBER:	

Are you registered with any other Disability/Employment Services? Please provide contact details:	YES/NO
Comment on your overall health. E.g. ongoing health issues or physical impairment that could impact on your work.	
Please describe your disability.	
What support would you like from us?	

NEXT OF KIN: (Family /Whanau)	
ADDRESS:	
TELEPHONE NUMBERS:	
EMAIL ADDRESS:	

Poly-Emp is contracted by the Ministry of Social Development. I agree that information about my job search and subsequent employment can she shared with them.

SIGNATURE		DATE:
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When completing this form, we would like you to consider the points below and discuss with your family/Whanau support people.

If you are able to answer confidently YES to all of the statements, Poly-Emp will arrange a meeting with you to discuss the next steps of your employment journey.

- ❖ Show motivation and interest in being employed.
- ❖ An understanding of your interests, skills and personal qualities.
- ❖ Able to travel independently
- ❖ Have had some successful independent work experience
- ❖ A commitment to working on agreed goals.
- ❖ Connected to and supported in your community.

EDUCATION AND QUALIFICATIONS: Please give details:	
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Please give some details about past work experience or paid employment

Company Name: Contact details:	
Tasks:	
Date:	
Company Name: Contact details:	
Tasks:	
Date:	

Is there anything you think we should know?

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Return form to : cathie.klatt@manukau.ac.nz or P.O. Box 94006 Manukau Auckland 2242