

ID no:

Date:



Geneva
Elevator

Referral: **Confidential**

Name: _____ Mr Mrs Miss Ms

Address: _____

Contact Numbers: _____

Email: _____

Date of Birth: _____ Ethnicity: _____

I am a: NZ Citizen NZ Resident Have an open Work Permit

Are you registered with Work & Income: Yes / No

If you are not registered with Work & Income, we will require 2 forms of ID. Please bring this with you to your initial interview. (1 form of photo ID, 1 form of proof of address)

W&I customer number: Benefit type: _____

If yes, which office are you registered with? _____

Your W&I contact person, telephone number _____

Would you like to bring Whanau / Family support to your initial meeting? Yes / No

Name: _____ Phone: _____

Are you registered with other employment agencies? Yes / No

If yes, who are you registered with? _____

Briefly describe your disability: _____

Are you making the referral yourself? Yes / No

If no: Agency: _____

Contact Person: _____

Telephone: _____ Mobile: _____

Email _____

Declaration:

This information will be kept confidential along with all other personal records, as required by the Health Information Privacy Code (1993)

Signed: _____ Date: _____

Please bring your ID and CV to the interview

Please send completed form to: - **Geneva Elevator: PO Box 106339, Auckland 1143, New Zealand.**
Email to enquiries@genevaelevator.co.nz . Fax: (09) 529 1409

Any queries, Call Free 0508 353 828 or (09) 531 5600.