

# Registration Form



**WORK OPPORTUNITIES**

Specialising in Mental Health

|               |   |  |                      |
|---------------|---|--|----------------------|
| Referral Date | <input type="text"/>  | Enrolment Date                         | <input type="text"/> |
| SIL           | <input type="text"/>  | Work & Income Client Number (9 digits) | <input type="text"/> |
| Title         | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Sir <input type="checkbox"/> Dr |  |                      |
| First Name    | <input type="text"/>  | Middle Name(s)                         | <input type="text"/> |
| Surname       | <input type="text"/>  | Preferred Name                         | <input type="text"/> |
| Gender        | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse   | D.O.B.                                 | <input type="text"/> |
| Address       | <input type="text"/>  |  |                      |
| Postcode      | <input type="text"/>  | Phone                                  | <input type="text"/> |
| Email         | <input type="text"/>  |  |                      |

Work Opportunities Trust deliver supported employment programs in consideration of the Employment Practice Guidelines 2018.

I hereby give consent for Work Opportunities Trust to provide information to the **MINISTRY OF SOCIAL DEVELOPMENT (MSD)** and Work and Income in line with the requirements of their contract including but not limited to, identifying information, employment and income details, contact details and any information required by law. I also give consent for Work Opportunities to be able to contact my Medical, Support Person/Organisations and Family/Whanau who I have identified in this form.

|        |                      |      |                      |
|--------|----------------------|------|----------------------|
| Signed | <input type="text"/> | Date | <input type="text"/> |
|        | Client Signature     |      |                      |

## Registration with Other Providers

Are you currently registered with another employment service provider? e.g. Workbridge Able, CCT

|                              |                             |  |                      |
|------------------------------|-----------------------------|--|----------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please write the provider name | <input type="text"/> |
|------------------------------|-----------------------------|--|----------------------|

### Benefit Type

Supported Living  Job Seeker

Number of hours cleared to work

0 hours  0 - 15 hours  15 - 30 hours

### Ethnic Origin

New Zealand European  Maori  Iwi

Cook Island  Samoan  Tongan

Niuean  Chinese

Other (please specify)

### Licenses

Car License  Full  Restricted  Learners

Other (please specify)

### Are You Currently Employed?

Yes  If yes, where?

No  Length of time unemployed

### Do You Have Any Previous Criminal Convictions?

Yes  If yes, please comment

No

### What is Your Mental Health/Medical Diagnoses?

### Drugs and Alcohol

Could you pass a drug and alcohol test tomorrow in order to get a job?

Yes  No

## Physical Health Issues

**Risks** How would we know if you became unwell? (e.g. Relapse)

**Medication Types** (e.g. Antidepressant, Anti Psychotic)

**Side Effects (If Any)**

## Qualifications

Check all that apply:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1 year High School | <input type="checkbox"/> 2 years High School              | <input type="checkbox"/> 3 years High School  |
| <input type="checkbox"/> School Certificate | <input type="checkbox"/> NCEA L 1                         | <input type="checkbox"/> 6th Form Certificate |
| <input type="checkbox"/> NCEA L 2           | <input type="checkbox"/> UE                               | <input type="checkbox"/> Bursary              |
| <input type="checkbox"/> NCEA L 3           | <input type="checkbox"/> Trade Qualification<br>e.g. Chef | <input type="checkbox"/> National Certificate |
| <input type="checkbox"/> Diploma            | <input type="checkbox"/> Bachelor Degree                  | <input type="checkbox"/> Master's Degree      |
| <input type="checkbox"/> PHD                |   |   |

**I am aware that my application to Work Opportunities will enable them to facilitate and support me into MAINSTREAM EMPLOYMENT. I feel confident that I am suited for such a placement.**

**Signed**

Client Signature

**Date**

I would also be interested in pursuing community participation in regard to work life balance

- Yes     No

Other Information Relevant to Work Opportunities Trust assisting you

### Approval to Consult

Name  Position

Mobile  Landline

Email

Organisation

I understand the principles of **Supported Employment Services** as provided by Work Opportunities and feel confident that  is suited to **mainstream employment**.

Signed  Date

Please tick box to indicate we have approval to contact you

### Other Support Person/Organisations

Name  Organisation

Position  Phone

Address  Email

Name  Organisation

Position  Phone

Address  Email

Please tick box to indicate we have approval to contact you

Please tick box to indicate we have approval to contact you

### Family/Whanau Members Involved in this Referral

Name  Relationship

Email  Phone

Address

Please tick box to indicate we have approval to contact you

### Work & Income Case Manager

Name

I  approve Work Opportunities Staff to consult with persons as indicated above.

Signature

Please tick box to indicate we have approval to contact you

Client  
Signature

Date