



Referral Form

Diagnosis information must be attached BEFORE sending

Referring Agency details Date...../...../.....

Name of Agency

Contact Person Phone Mobile

Email address

N.B. Client must be over 18 years of age and diagnosed with a mental health condition

Client's details: PLEASE STATE NAMES AS THEY APPEAR ON LEGAL DOCUMENTS

Name D.O.B/...../.....

Address Phone

Email Mobile

Gender Pronouns

Ethnicity **Iwi**

Mental Health Diagnosis (and/or Addiction)

.....

Are you currently taking any medication? If yes, Detail below

.....

WINZ benefit type (circle) Job seeker or SLP (Supported Living Payment)

Emergency Contact, Name

Relationship to you

Emergency Contact Phone

I agree that my information as shown above is true and correct.

Clients Signature.....

Date...../...../.....

Please bring this form to your first appointment or scan and email it to: training@earthlink.org.nz

Clients signature must be completed on this referral to comply with the Privacy Act 2020.

Office Use Only

Date of Receipt/...../.....

NHI

Referral Status: Accepted/Declined

Signature

Designation: Course Coordinator and Support Facilitator