



**Referral Form:  
CONFIDENTIAL**

Name: \_\_\_\_\_ Mr Mrs Miss Ms

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you a NZ Citizen: YES/NO NZ Resident: YES/NO

IRD Number:   NHI Number:

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.

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Name of Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

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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:

[hr@altusenterprises.co.nz](mailto:hr@altusenterprises.co.nz) or  
Altus Enterprises PO Box 76091  
Manukau, Auckland, 2241