



Enquiry Form: Please return the completed form via email or mail to: hr@altusenterprises.co.nz or Altus Enterprises PO Box 76091 Manukau, Auckland, 2241

Mr/ Mrs/ Miss/ Ms/ (Full Name): _____

Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____

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

Have you received the Covid-19 vaccination?	Yes / No
If yes, please specify which doses you have received	First / Second

Benefit Type: _____ e.g., Supported Living, Job Seeker, other.

Do you live with family? YES/NO

Do you live independently? YES/NO

Caregiver's name (if applicable): _____ Phone No: _____

Describe the nature of your disability. Give as much information as you can.

Name of Doctor: _____ Phone No: _____

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

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 enquiry: _____ Applicant Signature: _____