



Referral Form

IPS Employment & Training Support

Thank you for providing thorough information – this helps us to process and assign referrals efficiently.

Referrer: All boxes must be ticked to confirm eligibility

Questions? Phone 027 918 1889

- The person being referred has a diagnosed mental illness
- You are a health professional involved in the person's ongoing care and support
- The person has expressed a desire to seek employment and/or engage in education or training
- The person being referred has consented to this referral
- A Wellness Plan or other relevant supporting information is included with this referral (please specify):

Person being referred: *please complete ALL details*

Full legal name: _____ NHI: _____
 Preferred name: _____ Date of Birth: _____ Gender: _____
 Address: _____
 Email address: _____
 Telephone number/s: _____
 Ethnicity: _____ Iwi: _____

Person making the referral

Name: _____ Organisation/service: _____
 Designation/occupation: _____ Telephone number/s: _____
 Email address: _____ Date referral sent to TeAM: _____

Is the person being referred currently receiving Work & Income support?

- Jobseeker Support
- Supported Living Payment
- Solo Parent Support
- Other _____
- No

What aspects of TeAM support have been discussed with the person being referred?

- CV development and cover letter writing
- Part-time employment
- Full-time employment
- Work experience/job-sampling
- Career guidance
- Education/training
- Interview skills
- Support to retain current job (please provide some detail about the role/support needed):

Send completed referrals with supporting information to: referrals@tearamahi.co.nz or PO BOX 237, Nelson 7040