

New Referral Request for Service Form

Once completed to be emailed to: talktous@choicesnz.org.nz

NOTE: Fields marked with * must be completed

NHI:		*Legal First Name	
*Preferred Name		*Last Name	
*Gender	*Date of Birth dd/mm/yy		
*Address (Street, Suburb, Town, City) Postal Code			
*Contact Number		*Contact Email	
*Preferred Contact Method e.g. Text/Phone call?			
*Type of Service Requested (please tick one box only)	<input type="checkbox"/> Employment services	<input type="checkbox"/> Employment services in schools	
	<input type="checkbox"/> Transition from school	<input type="checkbox"/> Intensive support service Manawatu only	
	<input type="checkbox"/> Life Coaching Manawatu only		
*Referred By (Person & Organisation)			
National Student ORS number and School Name			
*Health Condition/Diagnosis			
*Ethnicity			

Office Use Only

Attached Service Authorisation Fee for Service form (where appropriate).

Flexible Disability Support <input type="checkbox"/>	Fee for service <input type="checkbox"/>
Area	
*Start Date of Service <input type="text" value="dd/mm/yy"/>	*End Date of Service <input type="text" value="dd/mm/yy"/>

Any weekly reoccurring appointments to be scheduled

Weekday	Service	Start Time	Finish Time	Staff Name
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Approved: Yes No

Manager, Choices NZ