

Employment Service in Schools (ESiS) Referral form

You can find information about the Employment Service in Schools programme on our website at www.workandincome.govt.nz/esis

Provider: _____

Please note: By being part of this programme, some information will be shared with MSD and MoE to evaluate the success of the service.

The student

First Name:	Last Name:
Date of Birth:	Gender:
Ethnicity:	Contact phone number:
Email address:	
Address:	
School:	Region:
NSN (Student) Number:	Expected School leaving date:
First language used at school:	
<input type="checkbox"/> I would like to be part of the Employment Service in Schools. This has been explained to me.	
Student signature:	Date:

The Parent/Caregiver or whānau

Name:	Contact phone number:
Email address:	
<input type="checkbox"/> I give my consent for the above student to be part of the Employment Service in Schools	
Parent signature:	Date:

Or

The parent/caregiver has given their verbal consent for the above student to be part of the Employment Service in Schools

School key contact persons signature:

Date:

To be completed by the School

Name:	Position:
Contact number:	
Email address:	
School key contact person for this student	
Key contact name:	Position:
Key contact number:	
Key contact email address:	
On behalf of the school, I have authority to refer the student to this service and I agree the school will support the provision of the Employment Service in Schools.	
Sign:	Date:
<u>Referral Information</u> <i>(explain about the disability/health condition and how it may impact the ESiS delivery and the student's ability to gain future employment.</i>	
<i><u>Is a New Zealand Sign Language or other translator needed for the student or family?</u></i>	

Once completed please send through to the chosen Employment Service in Schools Provider.