

Ember Akiaki Ora & Whiti Ora Referral Form

(Previously Ember Community Participation Service & Personal Focus)

We are required by our funders to gather the following information for statistical purposes & to confirm eligibility for services. It will also enable us to contact you & any people who will support you during your time with us. Missing information & documentation will slow down the referral process & your ability to attend the service.

For more information or to return your completed form & supporting documents please use one of the following:

Phone: 8155113 **Email:** pf.admin@ember.org.nz **Address:** 51 Huia Road, Otahuhu, Auckland 1062

Post: PO Box 22424, Otahuhu, 1640

Personal Details (We will contact you or your referrer to gather any missing information before you attend)

Name:	
Date of birth:	Contact phone:
Address:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse	Ethnicity:
NHI #:	WINZ#:
Email address:	
What is your lived experience of mental illness/mental health diagnosis?	
Residency/Citizenship status? <input type="checkbox"/> NZ Citizen <input type="checkbox"/> NZ Permanent Resident <input type="checkbox"/> Other (please specify)	

This referral is for

<input type="checkbox"/> Akiaki Ora - Individual support for pre-employment, further education and/or community engagement (16-65yrs)
<input type="checkbox"/> Whiti Ora - Group programmes (16yrs+) (please specify group/s)

I can provide one of these forms (Please send with your referral)

<input type="checkbox"/> Care plan	<input type="checkbox"/> Wellness Recovery Action Plan WRAP)	<input type="checkbox"/> Early warning signs
<input type="checkbox"/> Risk assessment/management plan	<input type="checkbox"/> Similar document	<input type="checkbox"/> I don't have any of these

Support person/Service details (Please provide at least one e.g. GP, clinical support, family/whanau)

<input type="checkbox"/> I am referring myself	
Referred by: name, phone & email details	
Key worker (or GP if you're not with a Community Mental Health Centre)	
Name & contact details):	
Family/Whanau/Significant other/ Emergency contact name & contact details:	

Any additional information

Do you have any medical conditions we should be aware of? Yes No If yes, please specify and how it affects you. Is there anything else you want us to know?

Declaration: I give permission for Ember to approach my clinical provider / general practitioner / support worker for further information if necessary. This information will be kept secure along with all other personal records, as required by the Health Information Privacy Code (1993).

Signature of referred person: _____ **Date:** _____
(Please do not sign on behalf of referred person)