



# PROJECTS REFERRAL FORM

CONTACT DETAILS	
Date	
Full Name	
Address	
Personal Details	Date of Birth _____ Gender _____ Ethnicity _____
Contact Preferred	Phone: _____ Email: _____
Emergency/ Secondary Contact:	
Number In Household	Total Number: _____ Adults: _____ Children: _____
REFERRED TO US BY	
Name	
Agency/ Self-referred	
Phone	Email
How did you hear about Good Neighbour	
Communication Made	
PROJECT DETAILS	
Reason for Needing Help	
Details for Project	

<b>Hazards on site e.g. dog</b>	
<b>Type of Project</b>	<input type="checkbox"/> Backyard Clean Up <input type="checkbox"/> House Move <input type="checkbox"/> Rubbish Removal <input type="checkbox"/> Other

### Other Information

**Your Current Accommodation?**

Boarding                     
 Private Rental                     
 Own Home/Mortgage                     
 Own Home/ Freehold  
 Rental/ Housing NZ                     
 Rental/ Accessible Properties                     
 No Fixed abode  
Other- please specify \_\_\_\_\_

**Income Source**

Wages                     
 Salary                     
 Benefit                     
 Self-Employed  
 Seasonal/ Casual                     
 Other- please specify \_\_\_\_\_

**Y N**

Is it okay for you/your children to appear in photos for Good Neighbour promotional purposes

When necessary, is it okay for us to share your contact details with a Good Neighbour volunteer to help with co-ordination, planning and follow up.

On assessment of job, a payment may be required. If so, I agree to pay this prior to or on the day project is done.

Thanks for allowing us to partner with you and your family.

### Consent to Work With Us

**In order for Good Neighbour to provide support to myself and my whanau, they may need to share my information with other agencies. I give consent for them to do so. All my information will be stored confidentially and shared in accordance with the Privacy Act 2020 and Good Neighbour volunteers.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	
Excess Load	Infoodle Loaded
Completed by: _____ Signature: _____ Date: _____	Completed by: _____ Signature: _____ Date: _____ <input type="checkbox"/> Groups and Newsletters <input type="checkbox"/> Lawnmower Lending