

VHN service Referral Form

Participants eligible to participate in NorthAble's Very High Needs (VHN) service will be verified by the Ministry of Education Ongoing Resourcing Scheme (ORS) as having severe disabilities (Very High Needs)

Referrer Information

Agency / Person Making Referral			
Postal Address		Email Address	
Contact Phone Number		Date of Referral	

Details of Person Being Referred

Full Name		Gender	
ORS Number		Name of School	
Postal Address		Physical Address	
Phone Number/s		Email	
Preferred Contact (Parent/Guardian/Legal Rep)		Phone Number/s	
Relationship		Email	

Sign off to be completed by the Person or their Parent/ Guardian / Legal Representative

Confirmation of Service Selection

I confirm that NorthAble VHN is the chosen service to provide a Vocational Programme.

Name:

Signature:

Relationship:

Consent for Accessing Information

I give permission for NorthAble VHN Services to request information from other agencies (e.g. GSE, NASC, School etc) to support VHN Services programme planning and development.

Name:

Signature:

Relationship:

Please note here any possible safety and hazard issues for visiting VHN Coordinator (dogs, environment, access to home etc):

Eligibility Criteria

A the currently living in New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A NZ citizen or permanent resident, or hold an appropriate open work permit or a person recognised as a refugee or protected person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is participant aged 16 to 64 inclusive or over 65 and not qualified to receive a NZ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a disability, impairments or health condition that is/are likely to continue for a minimum of six months, and present a barrier to participation and inclusion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the diagnosis of the participant?		
Requires support to address this barrier, or require assistance in addition to that provided by the Ministry's mainstream services. This support or assistance may be ongoing.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are their support hours allocated for vocational attendance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>