

APPLICATION FOR COMMUNITY SUPPORT SERVICES

Telephone: (09) 8375240 Fax (09) 8366341

PO Box 21-865, Henderson, AUCKLAND

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Name:		NHI Unique Number:	
Address: Suburb: City:		Phone Number/s:	
Date of Birth:		Gender: MALE / FEMALE / ANOTHER GENDER	
Ethnicity:		Iwi (if applicable):	
Reasons for Application – What do you want community support for? Please tick boxes below ✓			
Looking at Training options	☐	Social /Leisure interests	☐
Employment	☐	Managing Finances	☐
Education	☐	Accommodation	☐
Health and Wellbeing	☐	WINZ	☐
Group support ☐			
Other/s:			
Preference for Community Support Worker (age/gender):			
Is using drugs and alcohol an issue? YES / NO If YES please give brief details: If it is are you interested in either abstaining or reducing your use?			
Are there any concerns for your own safety or the safety of others? YES / NO If YES please give brief details:			
Are you currently smoking YES / NO Have you recently Quit smoking? Yes No. If yes how long ago? Would you like support in giving up YES / NO			
Are you currently employed YES / NO If yes are you employed: Full time/ Part time/ Casual If no would you like support to find employment?			
G.P:		Phone Number:	
Medical Centre Address:			
Community Care Coordinator:			
What is your mental health diagnosis?			
Confirmed by Psychiatrist:			
Other services involved with:			
PRIVACY STATEMENT: In order to provide me with safe and coordinated care, I give my permission for relevant information to be shared with WALSH Trust Community Support Services.			
Applicant Signature:		Date:	
Name of Person making application (if not applicant):			
Role or organisation:			
PLEASE ATTACH CLINICAL / HAZARD / RISK SUMMARIES			
Designation:			
Address:		Phone:	Fax:
Referrer Signature and Date:			

Applicant Information

The Community Support Service of WALSH Trust is situated at 8 Hickory Avenue, Henderson. The office is situated very close to Henderson city centre within easy reach of bus and train services and open between the hours of 8.30am – 4.30pm, Monday to Friday although the service operates outside these hours when required.

Community Support Workers work alongside people to support them to live within their community by assisting them to: access a range of community resources; improve their health and wellbeing; develop personal skills; increase social and recreational opportunities and networks; and achieve other practical goals.

The Service uses a Strengths Approach. The Strengths Approach focuses on helping people to identify and develop their own strengths and use these to realize their dreams and aspirations as part of mental health recovery leading to independent living

You are eligible for this service if you meet the following criteria: (some exceptions may apply)

- Reside in West Auckland
- Have experience of a major mental illness (Axis 1 diagnosis)
- Have practical and social support needs
- Aged between 17 – 65

If you meet the above criteria you can access the service either by completing the

Application Form:

- A family member or carer
- Your doctor
- Workers from Community Mental Health Services
- Other community agencies

Post or hand in your application form to:
WALSH Trust Community Support Services
PO Box 21865
Henderson, Auckland West
Or fax to: (09) 836 6341

We will acknowledge your application in writing within seven working days of receiving it. If your application meets the criteria we will contact you as soon as possible to make arrangements to meet with you, and any other supports you may want to bring along. At the meeting we will discuss your support needs, tell you about the service and talk about how we can be of help.

The information discussed at this meeting will help you to make the decision on whether Community Support is right for you at this time.

The Community Support Service of WALSH Trust is funded by the Ministry of Health and there is no charge for this service.

**If you have any questions regarding your application
please contact Community Support Services Team Leader/s
Tel: Reception (09) 837 5240 Fax: (09) 836 6341**

Document No. CSW R	Implementation Date: June 2011	Authorised by: Q&SDL
Version # 1	Review date June 2015	Reviewed June 2013