

Nature of assessment - WAIS\_IV intelligence test:

Date of referral:

## Job seeker details

Name:\*

Preferred name: (if different)

Phone\*

Email:\*

JSID:\*

Address:\*

Date of birth:\*

Gender:\*

Primary disability:\*

Interpreter required:\*

No

Yes

Interpreter language:

Does the job seeker have a carer or guardian:\*

No

Yes

Carer's name:

Carer's contact number:

Carer's email:

## Job seeker education

Highest level of education:

Duration of education:

## Referrer details

Name:

Role:

Email address:

Contact number:

Name of organisation:

Referrer site:

## Reason for referral / comments\*

Please provide any additional information that relates to the job seeker E.g. any other relevant medical conditions including potential barriers or issues that may impact the assessment:

Please note: this assessment involves use of an iPad so any conditions directly impacting on vision or fine motor skills should be indicated.

Does the job seeker use a wheelchair or other mobility aid? \*

No

Yes (please specify)

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