



1 Cambridge Lane, New Lynn, Auckland
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CLIENT REFERRAL FORM

Operating times: Wednesday/Thursday
8.30 am – 4.30 pm

Referring organisation to complete (please send 2 days prior to appointment)

| | | | |
|----------------------------|--|--------|--|
| Referring Organisation | | Date | |
| Contact Name | | Phone | |
| Contact Branch | | Mobile | |
| Styling appointment date | | Email | |
| Work and Income Client No: | | | |

Client to complete

| | | | |
|-------------------------------|-----|------------------------------------|--------|
| Name of client | | Phone | |
| Address | | Mobile | |
| Suburb | | Email | |
| Date of interview | | Date of Birth | |
| Position applied for | | Company | |
| Job Search Training required? | Yes | No | |
| | | CV/Interview Preparation Training? | Yes No |

The information on this form is collected for Fix Up Look Sharp use only. The combined data is required for statistical purposes to obtain a realistic picture of Fix Up Look Sharp's services to assist with funding applications and use of services.

I _____ (state full name) give consent to Fix Up Look Sharp use the information provided to assist with operational and statistical purposes.

Client Signature _____ Date _____

Clothing size

| | |
|---|---|
| Waist size in Centimetres (tick the appropriate box) | Shirt size (tick the appropriate box) |
| XS <input type="checkbox"/> XL <input type="checkbox"/> 5XL <input type="checkbox"/> 9XL <input type="checkbox"/> | XS <input type="checkbox"/> XL <input type="checkbox"/> 5XL <input type="checkbox"/> 9XL <input type="checkbox"/> |
| S <input type="checkbox"/> XXL <input type="checkbox"/> 6XL <input type="checkbox"/> | S <input type="checkbox"/> XXL <input type="checkbox"/> 6XL <input type="checkbox"/> |
| M <input type="checkbox"/> 3XL <input type="checkbox"/> 7XL <input type="checkbox"/> | M <input type="checkbox"/> 3XL <input type="checkbox"/> 7XL <input type="checkbox"/> |
| L <input type="checkbox"/> 4XL <input type="checkbox"/> 8XL <input type="checkbox"/> | L <input type="checkbox"/> 4XL <input type="checkbox"/> 8XL <input type="checkbox"/> |

Shoe Size _____

First Visit

Date: _____ Time _____

Description of Outfit

Personal Dresser

Personal Dresser to tick

- ☐ Ask for Photo
- ☐ Ask for media permission
- ☐ Asked about public speaking
- ☐ Reminded about second outfit?

Second Visit

Date: _____ Time _____

Description of Outfit

Personal Dresser

Personal Dresser to tick

- ☐ Asked for Photo/Media Permission
- ☐ Asked about public speaking