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**CEREDIGION EMPLOYABILITY SUPPORT**

**REFERRAL FORM**

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| **Participant Contact Details** |
| **Name:** |  | **Date of Birth:** |  |
| **Address:** |  |
|  |  | **Post Code:** |  |
| **Contact Number:** |  | **Preferred Language:**  |  |
| **Email:** |  | **N.I. Number:** |  |
| **Name / details of current and previous benefit in the last 12 months** | **Claimed from / to ( Month / Year )** |
|  |  |
| **Is the participant currently being supported by any other organisations or employment projects?** |  |
| **Details of support: *(how long has your organisation supported the individual, what support is required and why)*** |
| **Length of unemployment:**  |  | **Is participant actively seeking work?** | *Yes* [ ]  *No* [ ]  |
| **Barriers to employment:**  |
| **Disability or WLHC** *Yes* [ ]  *No* [ ]  | **Low or No skills** (e.g. GCSE or below) *Yes*[ ]  *No*[ ]  | **Childcare** *Yes* [ ]  *No* [ ] **Lone Parent** *Yes* [ ]  *No* [ ]  | **Under 25 only** **NEET** (Not in employment,education or training) *Yes* **☐** *No* **☐** |
| **Carer** *Yes* [ ]  *No* [ ] **Unpaid** *Yes* [ ]  *No* [ ]  | **Aged 50+** *Yes* [ ]  *No* [ ]  | **BAME** (black, Asian and minority ethnic) *Yes* ☐ *No* ☐ |
| *We are committed to protecting your personal information and complying with the General Data Protection Regulations (GDPR) & Data Protection Act 2018. We only ask for information we need to help provide you with up to date, impartial information, advice and guidance and to assess if you are eligible for the communities for work plus employability project, a full copy of privacy notice will be issued on enrolment to the project.*  |
| **Name:** |  |
| **Signature:** |  | **Date:** |  |
| **Employability Referral Form Completion Notes** |
| 1. Referrer to identify that participant requires additional support from an employability project relevant to the individual needs of the participant.
2. Referrer to explain to participant that a referral form will be completed, containing the participant’s personal information and participant to sign referral form to give permission to share their information.
3. Signed referral form to be scanned and securely emailed to tcc-est@ceredigion.gov.uk
4. The triage process will ensure all referrals received are recorded to include, the outcome of the referral, who the participant has been assigned to and rationale for decision.
5. The employability support team will return feedback to the referrer with the outcome.
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| ***I declare that the information provided is correct to the best of my knowledge.*** |
| **Referrers Name:** |  |
| **Organisation / Service** |  | **Signature:** |  |
| **Email:** |  | **Date of referral:** |  |

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