**ENABLE Works – All in Highlands - Referral form**

**Please complete all sections and return the form to us at:**

Tracy Connerton

Team Facilitator

Enable Works (All in Highlands)

(email) tracy.connerton@enable.org.uk

**If you need help to fill in this form, please phone our office on: 07708 899638**

**Please note all sections marked with \*\* are mandatory. Due to the nature of our programme we cannot accept any referral forms where mandatory sections are not completed.**

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| **Client Details:\*\*** |
| **Name:\*\*** |  | **Phone:\*\*** |  |
| **Address:\*\*** |  | **Mobile:** |  |
|  | **Email:**  |  |
|  | **DOB:\*\*** |  **/ /** |
| **Postcode:\*\***  |  | **NI Number:\*\*** |  |  |  |  |  |  |  |  |  |

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| **Please tick TWO (minimum) relevant barriers the client has to employment:\*\***  |
| **Disability** |  | **Living in a jobless household** |  | **Homeless or affected by housing exclusion** |  |
| **Mental health issues** |  | **Looked after young person** |  | **Long Term Unemployed** **\*\*\*\*see next section\*\*\*\*** |  |
| **No paid work experience** |  | **Primary carer of older person** |  | **Substance related condition** |  |
| **Low skilled** |  | **Primary carer of a child/children or adult** |  |  |  |
| **Criminal conviction** |  | **Refugee** |  |  |  |
| **Homeless** |  | **Asylum seeker** |  |  |  |
| **Please provide full details of employment status:\*\*** |
| **Unemployed** |  | **0-6months** |  | **6-12months** |  | **12+ months** |  |
| **Inactive and not in education or training**  |  | **If inactive, how long for?**  |  |
| **Is the client aged 16 or over AND Unemployed AND been in continuous receipt of JSA / Universal Credit / ESA WRAG for more than 6 Months?**  | **Yes** | **No** |
| **Please provide full details of benefits they are in receipt of if applicable** |
| **Benefit Type**  |  | **Benefit Claim Start Date** |  |

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| **Please outline why the client has been referred and the types of support they require\*\*** |
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| **Referring organisations details:\*\*** |
| **Contact name:\*\*** |  | **Phone:\*\***  |  |
| **Position:\*\*** |  | **Email:\*\***  |  |
| **Address:\*\*** |  |
| **Postcode:\*\*** |  |
| **I confirm that all the information on this form is true and accurate to the best of my Knowledge** |
| **Referral Signature:\*\*** |  | **Date:\*\*** |  |

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| **Client Declaration\*\*** |
| **I declare that the information on this form is accurate and true to the best of my knowledge** |
| **Client Signature:\*\*** |  | **Date:\*\***  |  |