**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.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:\*\*** |  |