**ENABLE Works – All in Highlands**

**Self-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**

1. **Your details**

|  |  |
| --- | --- |
| Full name: |  |

|  |  |
| --- | --- |
| Address: (including Postcode) |  |

|  |  |
| --- | --- |
| **Telephone no:**  (home and mobile) |  |

|  |  |
| --- | --- |
| **Date of birth:** |  |

|  |  |
| --- | --- |
| **Email:** |  |

1. **Do you want a paid job? (tick the answer)**

**Yes**  **No**

1. **Do you have a support need? (tick one or more)**

Acquired Brain Injury  Autism/Asperger Syndrome

Learning Disability  Hearing Impairment

Mental Health  Physical Disability

Visual Impairment  Other long-term health condition

1. **Did you get help to complete this form or are you referring this person to our service with their permission?**

|  |  |
| --- | --- |
| Full name: |  |
| Relationship to you: | Parent  Carer  Support Worker  Social worker  SDS/DWP advisor  CPN/GP/Nurse/OT  Teacher  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Organisation: |  |
| Telephone no: |  |
| Email: |  |

1. **Declaration**

**I confirm that I am happy for ENABLE Scotland to hold the information given in this form in order to provide me with an employability service. I understand that, should I not be accepted into the service or decide not to use the service, this information will be deleted.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**