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