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**HIGHLAND EMPLOYABILITY SERVICE**

**REFERRAL FORM**

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| **Referral Organisation** | | | |
| **Organisation** |  | **Contact Name** |  |
| **Office Address** |  | **Role/Job Title** |  |
|  |  | **Phone** |  |
| **Post Code** |  | **Email** |  |

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| **Client** | | | |
| **Name** |  | **Date of Birth** |  |
| **Address** |  | **NI Number** |  |
|  |  | **Phone** |  |
| **Post Code** |  | **Email** |  |

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| **Employment Status** | | | | | |
|  | **Registered Unemployed/**  **Long Term Unemployed** | | **Economically**  **Inactive** | **Employed/**  **Self Employed** | **In Education/**  **Training** |
|  | **16-24** | **25+** |  |  |  |
| Up to 6 months |  |  |  |  |  |
| 7 - 12 months |  |  |  |  |  |
| 13 - 24 months |  |  |  |  |  |
| 25 - 36 months |  |  |  |  |  |
| 36 months plus |  |  |  |  |  |

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| **Benefits** | | | | | |
| **Job Seeking** | | **Economically Inactive** | | **Optional** | |
| Job Seekers Allowance |  | Income Support |  | Child Benefit |  |
| Universal Credit (look for work) |  | UC (limited capability for work) |  | Child Tax Credit |  |
| Employability Support Allowance (Work Related Activity Group) |  | Employability Support Allowance (Support Group) |  | Council Tax Reduction |  |
| **In Employment** | | Disability Living Allowance |  | Housing Benefit |  |
| Universal Credit (UC) |  | Personal Independence Payment |  | Childcare Element of WTC |  |
| Working Tax Credit (WTC) |  | Carers Allowance |  | Educational Maintenance Allowance |  |
| No Benefits |  | Other (please state): | | |  |

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| **Barriers to Employment** | | | | | | | |
| **Please tick all boxes which apply (ESF requires to evidence a minimum of two barriers).** | | | | | | | |
| From Remote Rural Areas |  | From Rural Areas |  | From Employment Deprived Areas |  | Above 54 years of Age |  |
| Young People Aged <25 Impacted by Covid-19 |  | At Risk of Becoming NEET |  | Looked After Young Person |  | Low Skills  (ISCED Level 2) |  |
| Registered Long-Term Unemployed |  | No or Limited Work Experience |  | Underemployed |  | Low Income Employed |  |
| Disability |  | Mental Health Issues |  | Long-term Physical Illness/ Condition |  | Substance Related Conditions |  |
| Primary Carer of Older Person |  | Primary Carer of a Child/Children or Adult |  | Homeless or Affected by Housing Exclusion |  | Living in a Jobless Household |  |
| Living in a Jobless Household with Dependent Children |  | Living in a Single Adult Household with Dependent Children |  | Households where the Youngest Dependent is Aged <1 |  | Households with 3+ Dependents |  |
| Armed Forces Veteran |  | Asylum Seeker |  | Refugee |  | Criminal Convictions |  |
| Migrants, People with a Foreign Background, Minorities |  | Material Deprivation |  | Employment Status affected by Covid-19 |  |  |  |

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| **Additional Information** | |
| Length of time since Client last worked (in years and months) |  |
| Date identified for referral to Fair Start Scotland |  |
| Description of progress made with Referring Agency including a justification outlining why the participant has been referred | |
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| **Data Protection Statement** | | | |
| Under the Data Protection Act 1998 and in accordance with the GDPR 2016, we need your consent to share personal information about you with organisations operating along the employability pipeline. For further Information on this, please refer to our Privacy Notice available at [www.highland.gov.uk/employability](http://www.highland.gov.uk/employability) | | | |
| **What your information will be used for** | | | |
| To support your progression along the employability pipeline towards employment and may be used to:   * allow organisations to monitor and evaluate the success and performance of services offered * contact you for feedback regarding the quality of services provided to you * monitor compliance with equal opportunities legislation * enable organisations to identify the most appropriate support for you | | | |
| **Who your information may be shared with** | | | |
| * Representatives of employability services, education and training organisations including The Highland Council, Jobcentre Plus, Skills Development Scotland and Third Sector Contractors * Funders, administrators and auditors of public funds including European Structural and Investment Funds, The Scottish Government and Audit Scotland | | | |
| **Client Declaration** | | | |
| I consent to my personal data being processed and shared with organisations concerned with providing employability services to support my journey towards employment. I declare that all the information is accurate and true to the best of my knowledge. | | | |
| **Client Signature** |  | **Date** |  |

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| **Referral Organisation Certification** | | | |
| In order to be valid, the referral needs to be signed and dated by the *Referral Organisation* and, if present, the *Client*. It **MUST** also be **CERTIFIED**, either by Referral Organisation official stamp **OR** by an email from the Referral Organisation’s official email address.    Delivery Partners should ensure that a copy of any referral email should be kept along with this referral. | | Referral Organisation Stamp (If available) | |
|  | |
| **Referral Organisation Signature** |  | **Date** |  |

**Please email completed form to** [Employ.Ability@highland.gov.uk](mailto:Employ.Ability@highland.gov.uk)



The Highland Council Employability Service is supported by:

