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**HIGHLAND EMPLOYABILITY SERVICE**

**REFERRAL FORM**

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| **Referral Organisation** | | | |
| **Organisation** |  | **Contact Name** |  |
| **Office Address** |  | **Role/Job Title** |  |
|  |  | **Phone Number** |  |
| **Postcode** |  | **Email Address** |  |

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

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| **Employment Status** | | | | | | | | | | |
| **Economic status at start date** | Employed including self-employed |  | Unemployed |  | Economically inactive | | |  | School pupil |  |
| **Length of time out of work** | Less than 6 months |  | 6 months up to 12 months | | |  | 12 months up to 2 years | | |  |
| 2 years up to 5 years |  | 5 years or more | | |  | Never worked | | |  |
| N/A – currently in employment |  |  | | | | | | |  |
| **Employment sector at start date (if employed)** |  | | | | | | | | |  |
| **Rate of pay at start date (if employed)** |  | | | | | | | | |  |

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| **Benefits** | | | | | |
| No Benefits |  | Job Seekers Allowance |  | Universal Credit |  |
| Employability Support Allowance |  | Working Tax Credit (WTC) |  | Income Support |  |
| Disability Living Allowance |  | Personal Independence Payment |  | Carers Allowance |  |
| Child Benefit |  | Child Tax Credit |  | Council Tax Reduction |  |
| Housing Benefit |  | Childcare Element of WTC |  | Education Maintenance Allowance |  |
| Other (please state): |  |  | | | |

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| **Employment Challenges** | | | | | | | |
| **Please tick all boxes which apply** | | | | | | | |
| Armed Forces Veteran |  | Asylum seeker |  | Criminal convictions |  | Homeless or affected by housing exclusion |  |
| No or limited work experience |  | Refugee |  | Substance related conditions |  | Childcare |  |
| Transport |  | Care experienced |  | Caring responsibilities |  | Disability |  |
| Mental health issues |  | Above 54 years of age |  | At risk of Becoming NEET |  | Employment Status affected by Covid-19 |  |
| From Employment Deprived Areas |  | From Rural Areas |  | Households with 3+ dependents |  | Households where the youngest dependent is aged <1 |  |
| Living in a jobless household |  | Living in a jobless household with dependent children |  | Living in a single adult household with dependent children |  | Low income employed |  |
| Low skilled (i.e. ISCED 1 or 2) |  | Migrant, People with a Foreign Background, Minorities (including marginalised communities such as the Roma) |  | Registered Long-term unemployed |  | Underemployed |  |
| Young people aged <25 impacted by Covid-19 |  |  |  |  |  |  |  |

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| **Information in Support of Referral** | |
| Length of time since Client last worked (in years and months) |  |
| Has the client been referred 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 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:

