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|  | **Client Referral Form** |
| Please use this form to refer your client to one of the service provisions available, ensuring that the eligibility criteria is met prior to completion of the form. The form must be completed and **signed and dated by the client and staff member** making the referral, to confirm the sharing of information under the Data Protection Act 1998. Any referral forms received and not duly signed and date will be destroyed and the service provider will be unable to make contact with the client.  On receipt of the referral, a staff member will make contact with the client, have an initial discussion and if the client remains interested and is available and eligible to attend, a recruitment interview will be arranged. Please note, a referral does not guarantee a place will be offered on the course. Thank you for your referral | |

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| **TITLE OF COURSE BEING REFERRED TO:** | | | | | | | | | | | | | |
| **CLIENT DETAILS** | | | | | | | | | | | | | |
| **F****ull Name:** | Click here to enter text. | | | | | | | | | | | | |
| **NI No:** | Click here to enter text. | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | **Email:** |  | Click here to enter text. |
| **Mobile:** | Click here to enter text. | |
| **Home Tel:** | Click here to enter text. | |
| **NI Number:** | Click here to enter text. | |
| **Postcode:** | Click here to enter text. | | | | | | | | | | **Male:** | **Female:** | |
| **Date of Birth:** |  |  | **/** |  |  | **/** |  |  |  |  | **Age:** |  | |
| What is the client’s preferred method of contact? | | | | | | | | | | | Choose an item. | | |
| Home visit required? | | | | | | | | | | | Choose an item. | | |
| If no, please give reason | | | | | | | | | | |  | | |
| Looked after? | | | | | | | | | | | Choose an item. | | |
| Is the customer on Work Able, Work First, Fair Start, Employability Fund or any other national course? (This may affect the client’s ability to attend and eligibility for chosen employability provision | | | | | | | | | | | Choose an item.  If ‘Other’, details: | | |

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| **What is the main reason for referring this person for support?** |
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| **What are the client’s Employment goals?** |
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| **What do you & the client hope the outcome will be?** |
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| **Data Protection Act 1998** | | | | |
| Under the Data Protection Act 1988, we need your consent to share personal information about you with the organisation that you wish to be referred to for support. This will include all the personal information documented on this form.  Without your consent, we will be unable to refer you to the relevant team using this referral form. You can drop in to see the providers yourself without this form being completed and sent to them, however allowing us to do so will speed up the process for you. The information will not be passed to any other organisations without you fully consenting to this being shared. | | | | |
| **Customer Declaration** | | | | |
| I give permission for the referral organisation (named below) to share the information about me on this form with the organisation I wish to be referred to.  I understand the following:-  You will use the information I have provided to refer me to my chosen employability support. This information will assist the staff to assess my eligibility and suitability for the course.  I declare that all the information about me on this form is accurate and true to the best of my knowledge. | | | | |
| **Client Signature** |  | | **Date** | Click here to enter a date. |
|  | | | | |
| **Referring Organisation Declaration** | | | | |
| I confirm that:-   1. All the information on this form is true and accurate to the best of my knowledge 2. I have informed the client that signing this referral form means that they agree to their personal information being shared, the circumstances in which and to whom their personal data will be disclosed and what it will be used for, and, 3. The customer has understood and freely agreed to this 4. The customer is not actively attending a provision with our organisation for which we receive public funds | | | | |
| **Name of person making referral** | |  | **Designation** |  |
| **Agency/organisation** | |  | **Email address** |  |
| **Address** | |  | **Phone number** |  |
| **Referring Officer Signature** | |  | **Date** | Click here to enter a date. |