|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **I confirm client is aware of this referral.**  **Is there a Risk Assessment attached to this referral? Yes**  **No**  **Client Details** | | | | | | | |
| First Name |  | | Last Name |  | | Age |  |
| Date of Birth |  | Tel No |  | | Gender | M F | |
| NI Number |  | | | | | | |
| Address |  | | | | | | |
| Email |  | | | | | | |
| Disability | Learning Disability  Autism  Both | | | | | | |
| Benefits | Universal Credit  JSA  ESA  Economically Inactive | | | | | | |
| Do any of the following apply? | EHCP  Care Act Assessment  PIP Higher  PIP Medium  Personal Budget/Direct Payment | | | | | | |
| What kind of employment is the client interested in? | | | | | | | |
|  | | | | | | | |
| Is the client currently receiving support from any other employment or training agencies, or any other DWP funded provision? If so, please give details | | | | | | | |
|  | | | | | | | |
| Is the client known to any Southampton City Council services? e.g. Homelessness, Social Services, Youth Offending | | | | | | | |
| |  |  |  | | --- | --- | --- | | Adult Social Care | Safeguarding | Employment Support | | Children’s Services | Youth Offending | Household Support Fund | | Homelessness | Pathways | IDVA |   Other (please specify): | | | | | | | |
| How does the client’s disability impact them? Please give as much detail as possible | | | | | | | |
|  | | | | | | | |
| Are there any additional issues or barriers that you feel may impact this client’s employability? e.g. disability, health issues, substance misuse, offending history, physical fitness, caring responsibilities, eviction. | | | | | | | |
|  | | | | | | | |
| \*Are there any risks associated with working with this client? **(risk assessment must accompany this referral if appropriate)** | | | | | | | |
|  | | | | | | | |
| Are there any restrictions or exclusions relating to this client? (e.g. type of work, locations) | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Referrer Details** | | |
| Name |  | |
| Position |  | |
| Organisation |  | |
| Phone number |  | |
| Email address |  | |
| **Declaration**  I declare that the details on this form are true to the best of my knowledge | | |
| Signed | | Date |

**Privacy statement**

We will ask you for information to provide this service. We may use it to contact you about this.

We will only share your information with other organisations or council departments if we need to.

We may also share it to prevent, investigate or prosecute criminal offences, or as the law otherwise allows.

Our [Privacy Policy](https://www.southampton.gov.uk/privacy) ([www.southampton.gov.uk/privacy](http://www.southampton.gov.uk/privacy)) explains how we handle your personal data, and we can provide a copy if you are unable to access the Internet.

Please send completed referral forms to [daniel.stickland@southampton.gov.uk](mailto:daniel.stickland@southampton.gov.uk)