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| **I confirm client is aware of this referral.** [ ] **Client Details** |
| First Name |  | Last Name |  | Age |  |
| Date of Birth |  | Tel No |  | Gender | M[ ]  F[ ]  |
| Address | **Postcode** |
| Email |  |
| Type of housing SCC Council [ ]   |
| What kind of employment and training is the client interested in? |
| Would the client require work club support[ ]  1:1 Support [ ]  |
| Is the client currently doing any other employment or training or working with any other ETE (Education, Training & Employment) agencies? E.g. Work Programme. Please give details of the organisations involved and support currently offered.  |
|  |
| Are there any 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) |
| Is there a Risk Assessment attached to this referral: Yes[ ]  No[ ]  |

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| **Referrer Details** |
| Name |  |
| Position |  |
| Provider |  |
| 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](http://www.southampton.gov.uk/contact-us/privacy-cookies/privacy-policy.aspx) (<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.