|  |  |
| --- | --- |
| **Date** |  |

**Personal Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name** |  | **Last Name** |  |
| **D.O.B.** |  |
| **Ethnic Background** |  | **Source of Self-Referral** |  |
| **Address Inc****Postcode (optional)** |  **Postcode:** |
| **Contact Number**  |  |
| **Email Address** |  |
| **Do you consent to being contacted at this address?** | **□Yes □No** | **Please confirm you are making a self- referral**  | **□Yes □No** |
| **Consent to being contacted via Phone or Email****And please tick boxes on the right or if there is an alternative method please note below****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Phone Vibration with solid fill****Mobile** **□Yes □No** | **Email with solid fill****Email** **□Yes □No** |

**Please let us know which service would interest you the most and tick below**

|  |  |
| --- | --- |
| **Which service are you referring for:**  | Finding Paid Work**□**Retention (Maintaining Employment or Finding Other Work Which Fits Into Wellbeing **□**  |

**Additional Information**

|  |  |
| --- | --- |
| **Are there any safety issues that may affect you from gaining employment? Are there any other risks you may have that we need to know about?** **note concerns to note?** |  |
| **Is there anything else that might be useful for your Employment Specialist to know?****(e.g., strengths, employment history, barriers to sustaining employment in the past, training completed, qualifications)** |   |
| **Would you prefer to have a conversation in private to discuss anything that you may not want to disclose on this form**  | If yes, please let us know what time/day to make contact that suits you best: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |