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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | | | | **NINO** | | |  | |  | | |  | |  | | | |  | | | |  |  |  |  |
| **DOB** | |  | | |  | |  |  | |  | |  | | **Gender M/F** | | | | |  | | | **Language** | | | | | | | | |  | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Post Code** | |  | | | | | | | **Tel Nos:** | | | | | | | | | | | **Email:** | | | | | | | | | | | | | | | | | |
| **REFERRAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency** |  | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | |  | | | | | |
| **Contact Name** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email** |  | | | | | | | | | | | | | | | | **Phone number** | | | | | | | | | | |  | | | | | | | | | |
| **ELIGIBILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benefit Type** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Length of unemployment**  **Economically inactive YES / NO** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **HEALTH CONDITION/DISABILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DETAILS OF OTHER DWP / ESF PROGRAMMES ATTENDED –** Dates completed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ADDITIONAL INFORMATION/SUPPORT REQUIRED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Data protection** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The information on this form will be held securely on an SCC, PCC or a Partner database and is covered by data protection legislation.**  This means that you have the right to see the data and information that is kept about you if you wish. Southampton City Council is collecting this information to enable us to carry out this service effectively, and you may be contacted if we need further information that will assist us. Your information will be shared with certain organisations in order to assist you in gaining your search for work, including DWP in order to check your eligibility to join Solent Employment Support. Your information will not be used for any other purpose or shared with any other organisations without your permission unless provided for by law. We will require written confirmation if you wish to withdraw your permission for data to be shared. Data will only be held for as long as necessary for the delivery of the service or the Council’s statutory functions.  More detailed information about the Council’s handling of your personal data can be found in its privacy policy, available online (<http://www.southampton.gov.uk/privacy>), or on request. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **SIGNED** | | | | | | | | | | | | **PRINT NAME** | | | | | | | | | | | **DATE** | | | | | | | | |
| **Referred by** | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| **Person** | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| Person’s explicit consent for referrer to be updated if required. | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| **For office use only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Received on (Date)** | | | | | | | | | | | **Contact made with Referrer** | | | | | | | | | | | | | | | | **YES/NO** | | | | | | | | | | |
| **Initial Appointment Confirmed** | | | | | | | | | | | **Programme Worker** | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | **Time** | | | | | | | | | | | **Location:** | | | | | | | | | | | | | | | | | | **Uploaded on MIS Y/N** | | | | |