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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the participant aware of this referral** | | | | | | | Yes  No | | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | **NINO** | | |  | |  |  |  |  | |  |  |  |  |
| **DOB:** |  | | | | **Gender:** | | | | Male  Female  Other  Participant chose not to answer | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | | | | | | | | | |
| **Post Code:** |  | | | **Tel Mob:**  **Landline:** | | | | | | **Email:** | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Professionals involved:** | | | **Name and organisation** | | | | | | **Consent to contact**  Yes  No | | | | | | **Contact details** | | | | |
| **ELIGIBILITY** | | | | | | | | | | | | | | | | | | | |
| **Benefit Type:** | |  | | | | | | | | | | | | | | | | | |
| **Currently employed?**  **Long-term unemployed?**  *If over 25 long term unemployment is 12 months+*  *If under 25 long term unemployment is 6 months+*  **Economically inactive?**  *i.e: not in employment or in receipt of benefits.* | | | | | | | | Yes  No  Yes  No  Yes  No | | | | | | | | | | | |
| **HEALTH CONDITION/DISABILITY** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **PREVIOUS WORK HISTORY** | | | | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- |
| **DETAILS OF OTHER DWP / ESF PROGRAMMES ATTENDED** | | | |
|  | | | |
| **JOB GOALS** | | | |
| **1** | | | |
| **2** | | | |
| **3** | | | |
| **ADDITIONAL INFORMATION/SUPPORT REQUIRED** | | | |
| Is there any restrictions / risks we need to be aware of? Yes  No  ( If yes please specify) | | | |
| **Data protection** | | | |
| **The information on this form will be held securely on an SCC 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 Get Into Employment. 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** |
| **Participant** |  |  |  |
| **Referrer** |  |  |  |
| **Participant’s explicit consent for referrer to be updated if required.** |  |  |  |

**Referral form returned to Mandy.burdfield@southampton.gov.uk**