Employability Programme Referral Form

Programme Title: _____

Referral Date: ____ / ____ / _____

1. Participant Information

Full Name: _____

Date of Birth: ____ / ____ / _____

Gender: _____

Pronouns (optional): _____

Address: _____

Postcode: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name & Number: _____

NI Number:_____

2. Support Needs

Does the participant have any health conditions, learning differences, or support needs we should be aware of?

☐ Yes ☐ No

If yes, please provide details:

_____

Does the participant have any accessibility requirements or barriers to participation (e.g. childcare, transport, digital access)?

☐ Yes ☐ No

If yes, please describe:

_____

3. Current Situation

Current status:

☐ Unemployed ☐ In school/college ☐ Not in education, employment or training (NEET) ☐ Employed part-time ☐ Other:

_____

Is the participant currently working with any of the following?

☐ DWP / JobCentre Plus ☐ SDS (Skills Development Scotland) ☐ Social Work ☐ Third Sector Organisation ☐ None ☐ Other:

_____

Main reason for referral / goals:

☐ Improve confidence ☐ Gain qualifications ☐ CV or job search support ☐ Work experience ☐ Career guidance ☐ Access to training ☐ Other:

_____

4. Referrer Details

Referring Organisation: _____

Referrer's Name: _____

Job Title / Role: _____

Contact Number: _____

Email Address: _____

5. Consent

Please ensure the participant (or parent/guardian if under 16) signs below to consent to being contacted and supported as part of the programme.

Participant Signature: _____ Date: ____ / ____ / _____

Parent/Guardian Signature (if under 16): _____