

Referral Form Flintshire

Agency Details

Referring Organisation..... Staff Name.....
 Email.....
 Address..... Phone No.....
 Date.....
 Signature.....
 Post code.....

Participant Details

Name..... D.O.B.....
 Address..... Gender.....
 Phone No.....
 N.I No.....
 Post code..... Working with any other Agency **Yes/No**
 Email..... Benefits

ESA	IS	JSA	UC

 Date last worked..... Claimed
 NEET **Yes/No** Workless Household **Yes/No**
 Part Time Work **Yes/No**
 Dependent Children: **Yes/No** Employment Status.....
 Work Programme Completer: **Yes/No** Criminal Convictions: **Yes/No**

Please supply details of Safeguarding issues/concerns to help us support the participant's needs:

Barriers to Employment (please tick)

Employment Skills	Work Related Employment/Training	Health Related	IT Skills / Digital Inclusion	Basic Skills / ESOL	Financial Inclusion

Do you give consent to us sharing your information with Communities for Work (Welsh European Office Funding Programme) and Communities for Work Plus (Welsh Government Programme)? **YES/NO**

Signed..... Date.....

Please return Referral Form to Julie Price

Communities for Work Triage Support Worker

julie.price@flintshire.gov.uk

☎ 01352 704430