

Referral Form Flintshire

Referring Organisation.....
.....
Address.....
.....
Post code.....

Staff Name.....
Email.....
Phone No.....
Date.....
Signature.....

Name.....
Address.....
.....
Post code.....
Email.....
Date last worked.....
NEET **Yes/No** Workless Household **Yes/No**
Part Time Work **Yes/No**
Dependent Children: **Yes/No**
Work Programme Completer: **Yes/No**

D.O.B.....
Gender.....
Phone No.....
N.I No.....
Working with any other Agency **Yes/No**
Benefits Claimed

ESA	IS	JSA	UC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment Status.....
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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