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| Section 1: Information about the individual being referred |

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| Title: | Please select | First Name(s): | Click here to enter text. | | Surname: | | Click here to enter text. |
| Address:  Post Code | | Click here to enter text.  Click here to enter text. | | | | | |
| Gender: | | Click here to enter text. | | Date of Birth: | | Click here to enter a date. | |
| Landline: | | Click here to enter text. | | Mobile Number participant: | | Click here to enter text. | |
| Email address: | | Click here to enter text. | | Parent/Carer Name & Mobile Number: | | Click here to enter text. | |
| National Insurance Number: | | Click here to enter text. | | ERICA Number: | | Click here to enter text. | |
| Ethnicity: | |  | | Religion: | |  | |

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| What do you need support for?  **Please only tick one to highlight your planned long-term goal.**  Employment Support  Volunteering Support |

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| Has the individual consented to this referral?  Please select |

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| Is the individual currently engaging with any other service for employment support? | ​​         yes  no |
| If yes, which service are they receiving support from? | ​​​  Click here to enter text. |

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| Section 2: Current Support  *Please indicate other professionals currently supporting the individual* | | | |
| Name: | Click here to enter text. | | |
| Role & Organisation: | Click here to enter text. | | |
| Telephone Number: | Click here to enter text. | Email address: | Click here to enter text. |
|  | | | |
| Name: | Click here to enter text. | | |
| Role & Organisation: | Click here to enter text. | | |
| Telephone Number: | Click here to enter text. | Email address: | Click here to enter text. |
| Section 3: Health Details | | | |
| Please tick which best describes you.  Learning Disability  Learning Difficulty  Autism/Aspergers’  Neurodiversity | | | |
| *Please provide any other relevant medical information that needs to be taken into consideration when planning support, for example. Visual/hearing impairment, mental health issues, mobility support needs, epilepsy, behavioural issues, diabetes, dysphasia, cerebral palsy, phobias and/or allergies* | | | |
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| Section 4: Communication | |
| If English Is not the first language, will the individual need extra language support and provide information bellow | Please select |
|  | |
| Preferred method to contact you?  Telephone  Email  Text Message  WhatsApp | |
| Has the individual any communication difficulties? Please select  If yes, please provide details of communication difficulty and methods to support communication  Click here to enter text. | |

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| Section 5: Care Plan  *Please insert recent care plan and or Education Health Care Plan* | |
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| Section 6: Travel Experience | |
| Can the individual travel on their own? | Please select |
| If yes, how do you travel? | |
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| If no, what support is needed? | |
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| Section 7: Education & Work History |
| Are You currently in education?  yes  no |
| If yes please tell us how many hours, where and what course you are doing. |
| Are You currently working or volunteering?  yes  no |
| If yes please tell us more. |
| Please tell us about your work history including work experience, placements, volunteering or work schemes |
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| Section 8: Risks |
| Are you aware of any history of drugs and alcohol, criminal history, violent behavior or sexual offending of the person you are referring or within the household? |
| yes  no  If yes, please provide details |
|  |
| Section 9: Referring Community Worker |
| **Name** |
| Click here to enter text. |
| **Contact details** |
| Email  Click here to enter text.    Telephone  Click here to enter text.  Signature  Click here to enter text.  Date  Click here to enter a date. |

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| Section 9: Protecting your information |

The information contained in this form will be used by the service for the purposes of finding the right support. BMBC will ask for your permission to share the information with other training providers/voluntary organisations or employees

**At BMBC we are committed to protecting and respecting your privacy. Our website tells you what you can expect when we collect and process your information. This can be found at** [**www.barnsley.gov.uk/privacy**](http://www.barnsley.gov.uk/privacy)

Please return the completed form to [supportedemployment@barnsley.gov.uk](mailto:supportedemployment@barnsley.gov.uk)