 **

**GROUNDWORK SOUTH**

**Supported Employment Service**

**Referral Form**

**Part 1 (To be completed by referrer).**

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| --- |
| **Service User Name**: |
| **Service User Date Of Birth:** |

|  |  |  |
| --- | --- | --- |
| **Service User Address**:  **Tel no**: **Mobile no:**  **Email Address**:  **Interpreter Rqd?: Y/N** | | |
| **Customer Reference):** |  |  |
| **National Insurance Number if known:** |  |  |

|  |
| --- |
| **Do you have consent to make this referral? Y / N** |

|  |
| --- |
| **Reason for referral:** |

|  |
| --- |
| **Please tell us about any Health and Safety issues that we need to consider for this Individual including DV, Mental Health, Drug/Alcohol abuse, Post Natal Depression: (Please continue on a separate sheet if necessary)** |

|  |
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| **Referrers Name:**  **Agency:**  **Tel No:**  **Email address:**    **Date of referral:** |

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**GROUNDWORK SOUTH**

**Supported Employment Service**

**Referral Form**

**Part 2 (To be completed by Project Staff with participant on first contact).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title:** | **Mr** | **Mrs** | **Ms** | **Miss** |
| **Forename(s):** | | | **Surname:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender:** | **Male** | **Female** | **Prefer not to say** |

**Please tick one category that best describes your ethnic origin:**

|  |  |  |
| --- | --- | --- |
| **Asian/Asian British:**  Indian  Pakistani  Bangladeshi  Chinese  Other background  **Black/Black British:**  Caribbean  African  Other background | **Dual heritage:**  White and Black Caribbean  White and Black African  White Asian  Other background  **Other ethnic group:**  Arab  Other background | **White:**  British  English  Northern Irish  Scottish  Welsh  Irish  Gypsy, Irish Traveller or Roma  Other background |
| **Prefer not to say** | | |

|  |  |  |
| --- | --- | --- |
| **Do you consider yourself to have a work limiting health condition?**  (either in the short term or longer term) | **Y/N** | **Prefer not to say** |

**If you answered Yes to the above question, please tick one category that best describes your diagnosis:**

|  |  |
| --- | --- |
| **Mental Health** |  |
| **Learning Disability** |  |
| **Autism** |  |