# **REFERRAL FORM**

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| **Wellspring Settlement is a partner of the West of England Works Programme, offering 1:1 and group support to unemployed adults with many different needs to help them move towards employment and further education and training.** |

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| **APPLICANT DETAILS** |
| **Name** (Print Name)**:** |
| **Date of Birth:** | **Age:** |
| **Address:****Postcode:** |
| **Phone Number:** | **Email:** |
| **National Insurance Number:** |
| **Preferred method of contact: [ ]  Email [ ]  Phone [ ]  Letter** |

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| **REASON FOR REFERRAL** |
| **Referrer Name:** | **Referrer Organisation:** |
| **Phone Number:** | **Email:** |
| **What would you like to achieve from the support?** (Please tick one or more boxes)[ ]  **Employment** [ ]   **Jobsearching** [ ]   **Training / Education** |
| **Please provide any relevant further information including barriers and any risks identified:** |

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| **ELIGIBILITY CRITERIA** |
| **Do you have the right to work in the UK?\* [ ]  Yes [ ]  No** \**At your first appointment, we will need to see evidence that you can work in the UK. A West of England Works staff member can advise which documents can be used as evidence.* |

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| **ADDITIONAL INFORMATION** |
| **Are you currently undertaking any courses or training?** [ ]  **Yes** [ ]  **No** |
| **If yes, please provide additional information:****Course Provider: Course Title:** |
| **Are you currently Volunteering?** [ ]  **Yes** [ ]  **No** |
| **If yes, please provide additional information:** |
| **Are you currently in receipt of any Benefits?** [ ]  **Yes** [ ]  **No****If yes, please list which benefits you are receiving:****When was the last time you were employed?** |

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| **Are you willing to be referred to another WoEW partner organisation if appropriate?** [ ]  **Yes** [ ]  **No** |

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| **DATA PROTECTION DECLARATION** |
| **Why does Wellspring Settlement need this information?** * We are required by our funders to gather information about the people who use the Settlement. This information also helps us to identify gaps and evidence the need for other services, so please complete this form as accurately and completely as possible.
* We use and store any information that you give us in accordance with the Data Protection Act 2018 on our electronic case management system FOCUS. Information you provide will be anonymised before being used in monitoring and evaluation reports for our current funders and to support funding applications. Your data will be held for a maximum of six years after which we will request that your consent be renewed.
* Further details on our data protection and information sharing policies are available from Wellspring Settlement.
* We will not share your information with third parties other than those you have agreed to on a separate consent form, or if there is a risk of serious harm or threat to life. This includes child protection concerns, suspicion of abuse or neglect of a vulnerable adult, or to prevent or lessen a serious threat to your, or another’s, safety.
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| * I confirm that I have read and understood the above [ ]
* I confirm that I Consent to Wellspring Settlement storing my contact information on their Database [ ]
* Please tick this box if you are happy to be contacted by us [ ]
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| **Signed: sssssssssssssssssssssssssssssss** | **Date: dddddddddddddddddddddddddddddd** |
| Where the applicant is not present (e.g. phone referral) please tick the following box to confirm you have communicated the above Data Protection Declaration and they have indicated their preference around personal information use [ ]   |

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| **Please return completed form by email to:** **jodie.freeman@wsb.org.uk** |
| **Any queries please call 0117 954 8890 or 0117 954 8892** |

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| If the applicant was unable to sign the initial referral form, please ensure they confirm the above information & declaration by signing below when they attend Wellspring Settlement in person: |
| **Signed:**  | **Date:**  |