

Referral for CLD Employability Support

Referring Agency:		NOLB		PESF		YPG	
Name of referrer:			Role:				
Address			Tel Number: (Work)				
Postcode			Work email:				

Participant Details:

Name				Date of Birth		Age	
Address				Home Phone Number			
				Mobile Number			
Postcode				Email Address			
NI Number				Nationality			
Identified Gender	Male	Female	Other – please specify pronouns	Place of birth			

Household Details

Number of Adults in household							
Number of Children in household	Age of children in the household			Under 1	1-3	4-12	12+
Do any children in the house access funded childcare places?	Yes		No	If yes, are these 2-year-old places?		Yes	No

Employment Status

Employed		In Education		Unemployed		Economically Inactive		Inactive NEET	
0-10 Hours		0-6 months		0-6 months		0-6 months		0-6 months	
11- 21 Hours		7-12 months		7-12 months		7-12 months		7-12 months	
22-28 Hours		12-24 months		12-24 months		12-24 months		12-24 months	

29- 39 Hours		25-36 months		25-36 months		25-36 months		25-36 months	
40 + Hours		Over 3 years		Over 3 years		Over 3 years		Over 3 years	
If employed what sector:						Average monthly income (approx.)		£	

Please select all possible barriers to progression.

Above the age of 54		Armed forces veteran		Asylum seeker	
At risk of becoming NEET		Criminal Convictions		Disability	
From a remote and rural area (out with Kirkwall/ Stromness)		From a remote rural area (Kirkwall/Stromness)		Homeless or affected by homeless exclusion	
Living in a jobless household		Living in a jobless household with dependent children		Living in a single adult household with children	
Long term physical/mental illness/condition.		Looked after young person		Low skilled (ISCED level 2 or below)	
Material deprivation		Mental health issues		Migrants, people with foreign background, minority groups	
No or limited work experience		Primary carer of a child/children under 18		Primary carer for an older person	
Refugee		Substance related condition		Other	

Please detail below any relevant additional information e.g. work already completed with referrer, goals for the future, relevant historical info, home and family life, emotional support needs, etc.

Please give details of all other agencies involved with the participant.

Agency Name	Contact and Role	Work Tel Number	Work Mobile

The information given on this form will be used to provide you with the support you require to develop and work towards your Individual Development Plan. The information may also be passed to other relevant



organisations for the purpose of delivering, monitoring and evaluating No One Left Behind funding and to provide you with support and advice whilst monitoring your personal progress.

The reasons in which we retain and share your personal information are legally justified under the General Data Protection Regulation. This referral will be stored securely and only staff who need to know will access the information. For further information on this, please refer to <http://www.orkney.gov.uk/online-Services/privacy.htm>

Participant: I consent to this referral being made to the Orkney Island Council Employability Programme and give explicit consent to my personal information being stored by OIC and shared appropriately between the organisations supporting me.

Signature: Date:

Signature of Representative from Referring Agency: Date: