

Referral Form

Name: _____

Address: _____

Telephone number: _____

Email address: _____

Why do you want to join the programme?

What do you hope you hope to achieve from accessing the programme

How did you hear about the programme?

- Social media (Westminster) Social media (Morgan Sindall Property Services)
- EDAC Job Centre Other (Please state) _____

If third party referral, please confirm you have written consent from the client to be contacted in relation to this Yes No

Employment / Volunteer experience

Please provide brief details of any employment/voluntary experience

Availability

Please provide details of any dates/times to avoid

Additional support

Please provide details of any additional support required e.g. IT equipment

Diversity and Inclusion

Disability

- Disability or impairment but would prefer not to specify
- No Disability or Impairment
- Physical/mobility impairment, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches
- Visual impairment, such as being blind or having a serious visual impairment
- Hearing impairment, such as being deaf or having a serious hearing impairment
- Mental health condition, such as depression or schizophrenia
- Learning disability/difficulty, such as Down's syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder
- Dyslexia
- Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- Prefer not to say
- Other (Please state) _____

Do you have caring responsibilities? If yes, please tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Primary carer of a child/children (under 18) |
| <input type="checkbox"/> Primary carer of disabled child/children | <input type="checkbox"/> Primary carer of disabled adult (18 and over) |
| <input type="checkbox"/> Primary carer of older person | <input type="checkbox"/> Secondary carer (another person carries out the main caring role) |
| <input type="checkbox"/> Prefer not to say | |

For further information or to refer please email:
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