**Referral Form**

|  |  |
| --- | --- |
| **Date of Referral** |  |
| **Referral Agency Name** |  |
| **Referring Contact Name, Phone Number & Email Address** |  |
| **Relationship to Person** |  |
| **Participants Name** |  |
| **Participants Preferred Name** |  |
| **Date of Birth & Age** |  |
| **Gender** | Male |[ ]  Female |[ ]  Other |[ ]  Prefer not to say |[ ]
| **Address** |  |
| **Postcode** |  |
| **Preferred Method of Contact** | Phone |[ ]  Text |[ ]  Letter |[ ]  Email |[ ]
| **Preferred Contact Number & Email Address** |  |
| **Is it ok to leave a message?** |  |
| **Reason for Referral** |  |
| **What areas of support does the person need?** | Finance |[ ]
|  | Benefits |[ ]
|  | Employability Skills |[ ]
|  | Emotional Wellbeing |[ ]
|  | Access to Community Groups |[ ]
|  | Social Engagement  |[ ]
|  | General Employment, Advice and Guidance |[ ]

**Please return this form to** **LEAP@humankindcharity.org.uk** **or call us on 01325 529210**

**More about the LEAP programme.**

Are you, or someone you support 18+, lives in the Tees valley area, not currently in employment?

If so, our team can offer a broad range of support to help you move closer to your goals.

**We can support with:**

• Finance

• Benefits

• Employability Skills

• Emotional wellbeing

• Access to Community Groups

• Social Engagement

• General Employment, Advice and Guidance