

Referral Record (to be completed by the person referring the individual)

Section 1: Referral Details				
Referrer Name:		Organisation:		
Contact Tel No:		Referral Date:		
Section 2: Personal and Contact Details				
First Name:		Surname:		
Date of Birth:		NI:		
Address:				
Postcode:		Telephone number:		
Email:				
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Do not wish to say
Section 3: Reason for referral (please provide adequate detail)				
Section 4: Other information (if applicable)				
<input type="checkbox"/> MAPPA	<input type="checkbox"/> Ex-offender	<input type="checkbox"/> Carer	<input type="checkbox"/> Military Discharge	<input type="checkbox"/> Other, please specify below:
<input type="checkbox"/> PV	<input type="checkbox"/> Refugee	<input type="checkbox"/> Asylum Seeker	<input type="checkbox"/> Drug/Alcohol	
Section 5: Eligibility Criteria				
Customer age group:	<input type="checkbox"/> 16-18	<input type="checkbox"/> 19-24	<input type="checkbox"/> 25-29	<input type="checkbox"/> 30+
Is the customer currently in employment?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Length of time unemployed:	<input type="checkbox"/> Under 2 years		<input type="checkbox"/> 2 Years +	
The customer has significant barriers to employment	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please comment:				
The customer has completed a programme of support from a European Social Funded provision (i.e. YEI, NEETS, SSW, SSU)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
The customer has their claim to ESA rejected	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
The customer is in the ESA Support Group	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
The customer is not in work and is disengaged from the benefit system	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is the customer in receipt of a working age benefit?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please specify:				

Section 6: Consent, Declaration and Signature

By signing this form you agree to allow us to collect and use the details in this document from the following organisations and share what we know with them it will help us to help you more effectively. You can withdraw your consent for us to collect and share your details at any point.

FOR THE INFORMATION IN THIS DOCUMENT TO BE SHARED

I consent to my information being shared between DWP and Darlington Borough Council for the Tees Valley Routes to Work Programme. I have discussed the information contained in this document with my adviser and I understand that this information will be shared for the purpose of helping me to claim the benefits I am entitled to and to access suitable employment and training opportunities. I also understand that the named organisations may use the information in ways that the law allows (including research) and will store this information safely in files and IT systems, and that I can withdraw my consent for them to hold my information at any time by writing to the organisations involved.

Declaration

I have read the information above and confirm that it has been explained to me in full, I understand why this information sharing is needed and how this information will be used. I authorise the Local Authority and Tees Valley Combined Authority to use the personal details I have provided for the reasons outlined above. I also understand that if any information is given to any other organisation for research and monitoring purposes that I will not be identified. I understand that I can withdraw my consent to the sharing of information at any time.

Client Name:		Date:	
Client Signature:			
Staff Name:		Date:	
Staff Signature:			

Section 7: Service identified (Office use only)

<input type="checkbox"/> Signposting (if ineligible)	State service:	
<input type="checkbox"/> Short Term Intervention	Validated by:	
<input type="checkbox"/> Full Programme of support		