



Action Towards Inclusion – Referral Form

| Participant Details: | | | |
|--|---|---|--|
| Full Name | | Date of Birth | |
| Telephone Number | | Home Address | |
| Email Address | | | |
| Date of Referral | | | |
| Employment Status: | | | |
| Employment Status | <input type="checkbox"/> Unemployed Zero hours per week, actively seeking work and available for work. | <input type="checkbox"/> Economically Inactive Zero hours per week, not actively seeking work and not available for work | <input type="checkbox"/> Employed Working any hours at all would mean that the participant is ineligible to receive support from the ATI project |
| Is the participant in receipt of benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | If yes; please indicate benefit type | <input type="checkbox"/> JSA <input type="checkbox"/> ESA <input type="checkbox"/> UC <input type="checkbox"/> PIP <input type="checkbox"/> IS <input type="checkbox"/> Other |
| Barriers to Employment/Support required to progress closer the Job Market: | | | |
| <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Health/Work Limiting Conditions <input type="checkbox"/> Financial Exclusion <input type="checkbox"/> Caring/Childcare Responsibilities <input type="checkbox"/> Skills Gap/Lack of Qualifications <input type="checkbox"/> Substance/alcohol misuse <input type="checkbox"/> Homelessness/vulnerably housed <input type="checkbox"/> Ex Offender/Criminal record <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Isolation <input type="checkbox"/> Other: (Please List): | | Where appropriate please give details; | |
| What would the participant like to achieve as a result of the project? | | | |
| Is employment a long term goal? | <input type="checkbox"/> Yes <input type="checkbox"/> No ATI is an employability contract, if a participant does not wish to progress closer to the Job market and/or into employment they may not be considered suitable to receive support via the project. | | |
| If there is a safe guarding risk posed by the participant, please give details. | | | |

Referrers Details:

| | | | |
|--|--|--------------|--|
| Name | | Organisation | |
| Telephone | | Email | |
| Please confirm how you/this organisation is in a position to confirm the eligibility criteria above. | How long have you known the participant: How long have you known them to be unemployed/economically inactive: Other relevant information: How/Why are you in a position to confirm this: | | |
| Declaration | <input type="checkbox"/> I can confirm that to the best of my knowledge the information provided in the above form is correct and accurate on the date of referral (above) <input type="checkbox"/> I am confident that this participant is both suitable and eligible to receive support from this project and would benefit from the provision offered by ATI | | |
| Signed | | Date | |