**Employment Referral Form**

***SERVICE USER DETAILS***

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Date of Birth |  | Age at referral |  |
| Address |  | | |
| Telephone Number |  | National Ins No |  |
| Ethnicity |  | | |
| Is English your first language |  | Is a Translator needed? YES / NO | |
| Number of Children (under 18) |  | | |
| Child status (under 18) | At home/ In care/ Living with relatives/ Mixed care | | |
| Disability | Learning disability or difficulty? YES / NO  Mental Health? YES / NO  Physical disability? YES / NO  Further Information: | | |

***REFERRERS DETAILS***

|  |  |  |  |
| --- | --- | --- | --- |
| Referrers Name |  | Agency |  |
| Office address |  | | |
| Email |  | | |
| Tel no |  | Referral date |  |

***OTHER SERVICE INVOLVEMENT***

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Agency |  |
| Office address |  | | |
| Email |  | Tel no |  |

***NEEDS ASSESSMENT***

Please tick all that apply, and provide further details for all identified needs in box (boxes expand):

|  |  |  |
| --- | --- | --- |
| Education and/or Training |  | Current Qualifications: |
| Training Required: |
| Volunteer/ Work Placement |  | Current Placements: |
| Placement Wanted: |
| Employment Needs |  | Do you have:  CV? YES / NO  Cover Letter? YES / NO  PHOTO ID? YES / NO  Barriers to Employment? YES / NO |
| Further Information: |

***RISK ASSESSMENT***

**Risk of harm to service user:**

Please tick all that apply, and provide further details for all identified needs in box (boxes expand):

|  |  |  |
| --- | --- | --- |
| Substance Misuse |  |  |
| Self Harm |  |  |
| Suicide (thoughts/attempts) |  |  |
| Domestic/sexual violence |  |  |
| Sex work |  |  |
| Other (please specify) |  |  |

**Risk of harm to staff, public, or to other service users:**

Please tick all that apply, and provide further details for all identified needs in box (boxes expand):

|  |  |  |
| --- | --- | --- |
| Verbal abuse |  |  |
| Aggression or violence |  |  |
| Anti Social Behaviour |  |  |
| Financial abuse of others |  |  |
| Victimisation or bullying |  |  |
| Racial abuse |  |  |
| Parenting concerns |  |  |
| Other Specify: |  |  |

**Support needed:**

Please give details on what support you would like from our Project.

|  |
| --- |
|  |

**Offending history:**

Please give details of any current offences and of offending history that currently affect your availability to maintain employment.

|  |
| --- |
|  |

Please return this form via email to: **womens-services@salfordfoundation.org.uk**