**REFERRAL FORM**

Please complete and email to Sakiya.ghalib@ablazebristol.org

Once we have received the referral, we will be in contact with the candidate to arrange an initial meeting.

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| **REFERRER’S DETAILS**  |
| **Name:**  |  ​​Click or tap here to enter text.​   | **Date of referral:**  | ​​Click or tap to enter a date.​  |
| **Organisation:**   | ​​Click or tap here to enter text. | **Referrer’s relationship to young person:**  |  ​​Click or tap here to enter text.​    |
| **Email:**  |  ​​Click or tap here to enter text.​   | **Mobile / phone:**  | ​​Click or tap here to enter text.​  |

**Please check the boxes below to confirm that:**

**The young person named below is aware of this referral ​** [ ]

**The young person named below agrees to be referred and to engage with support ​** [ ]

**You are happy to receive communications following this referral ​** [ ]

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| **YOUNG PERSON’S DETAILS**  |
| **Name:**  |  ​​Click or tap here to enter text.​   | **Preferred pronouns:**  | ​​Click or tap here to enter text.​  |
| **Date of birth:**   | ​​Click or tap here to enter text.​  | **Current age:**   | ​​Click or tap here to enter text.​  |
| **Previous names / known as (if applicable):**  | ​​Click or tap here to enter text.​  | **Mobile / phone:**  | ​​Click or tap here to enter text.​  |
| **Home address (including postcode):**   | ​​Click or tap here to enter text.​  | **Email:**  | ​​Click or tap here to enter text.​  |
| **Gender (please tick):**  | ​​[ ]  Male ​​[ ]  ​Female ​​[ ]  ​Transgender ​​[ ]  Non-binary ​[ ]  Prefers not to say [ ]  Not known [ ]  Other                 | **Other information about the young person (please tick any that apply):**  | ​​ [ ]  ​In care ​​ [ ]  Care leaver ​​ [ ]  ​Young carer ​​ [ ]  ​Refugee / asylum seeker ​​ [ ]  ​EAL ​​ [ ]  Identifies as LGBTQIA+  |
| **Ethnic origin (please tick):** | ​​ [ ]  Asian or Asian British ​​ [ ]  Black/Black British/Caribbean or African ​​ [ ]  Mixed or multiple ethnic groups ​​ [ ]  White  ​​ [ ]  Other ethnic groups  | **Any unspent criminal convictions?** | ​​ [ ]  Yes ​​ [ ]  No ​​ [ ]  Not known  |

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| **FURTHER DETAILS ABOUT THE YOUNG PERSON**  | **Please give details if possible:**  |
| Is the young person in education?  | ​​ [ ]  YES ​​ [ ]  NO  | ​​Please give details​  |
| Is the young person employed?  | ​ [ ]  ​YES ​​ [ ]  NO  | ​​Please give details​  |
| Has the young person been employed in the last 12 months? |  [ ]  ​YES ​​ [ ]  NO  | Please give details​ (part time/full time/zero hours etc., what sector?) |
| Is the young person engaged in any training?  | ​ [ ]  ​YES ​​ [ ]  NO  | ​​Please give details​  |
| Does the young person have any of the following ID documents to prove their age?***(By ticking a box, you are confirming that you have seen and checked this document)*** |  [ ]  Passport (UK or international; unexpired) [ ]  Birth certificate [ ]  Full or provisional driving Licence (UK or EU; unexpired)[ ]  Marriage certificate[ ]  Residency permit card [ ]  Post office or National Citizens PASS card | NB: Self-certification can be accepted, **only** when this is last resort  |
| Does the young person have any of the following proof of address documents?**Candidate must live the region of South Gloucestershire to be eligible.*****(By ticking a box, you are confirming that you have seen and checked this document)*** | [ ]  Valid UK driving licence[ ]  Recent utility bill *(gas, electricity, water, telephone landline)* [ ]  Council tax bill/demand letter/exemption certificate issued within last 12 months[ ]  Benefits entitlement letter issued within the last 12 months[ ]  Recent credit card or bank statement[ ]  HMRC Tax notifications & correspondence[ ]  UK/EU/EEA Mortgage statement / Mortgage correspondence issues within 12 months[ ]  Tenancy agreement from the local council or housing association issued within 12 months[ ]  Credit union statement[ ]  Letter from the NHS[ ]  National Insurance information [ ]  Post office or national citizens PASS card | NB: Self-certification can be accepted, **only** when this is last resort |
| Does the young person have any of the following documents as proof of their Right to Work in the UK? ***(By ticking a box, you are confirming that you have seen and checked this document)*** | **If referral is British national:** [ ]  Passport (expired accepted) [ ]  Birth or adoption certificate + proof of National Insurance number[ ]  Direct Gov right to work document[ ]  Letter from HMRC **If not British national, referral needs to confirm their nationality and show proof of immigration status:** [ ]  EU, EEA, Swiss citizen with settled/pre-settled status [ ]  Permanent residence in the UK (indefinite leave to remain) [ ]  Other visas that allow them to work [ ]  Refugee status (with permission to work) [ ]  Share code | NB: Self-certification can be accepted, **only** when this is last resort |
| Is the young person claiming any benefits?  | ​​ [ ]  ​ YES ​​ [ ]  NO ​​ [ ]  NOT KNOWN  | ​​Please give details​  |
| What is the young person’s highest level of education? | ​[ ]  ​ NVQ1 (equivalent to 3-5 GCSE’s grades D-G)​​[ ]  NVQ2 (equivalent to 4-5 GCSE’s grades A\*- C)[ ]  NVQ3 (equivalent to 2 A Levels)[ ]  (equivalent to Higher Education Certificate/BTEC or Higher)[ ]  None of the above [ ]  Other  | Please give details  |
| Does the young person have a bank account in their name? | ​​[ ]  ​ YES ​​[ ]  NO ​​ [ ]  NOT KNOWN  |  |
| Does the young person have any speech, language, communication and / or interaction needs?  | ​​ [ ]  ​ YES ​​ [ ]  ​ NO ​​ [ ]  ​ NOT KNOWN  | ​​Please give details​  |
| Does the young person have any specific learning difficulties?  | ​​ [ ]  ​ YES ​​ [ ]  NO ​​ [ ]  NOT KNOWN  | ​​Please give details​  |
| Does the young person have any substance misuse issues?  | ​​ [ ]  YES ​​ [ ]  ​ NO ​​ [ ]  ​ NOT KNOWN  | ​​Please give details​  |
| Does the young person have any social, emotional, and mental health difficulties?  | ​​ [ ]  YES ​​ [ ]  ​ NO ​​ [ ]  ​ NOT KNOWN  | ​​Please give details​  |
| Does the young person have any sensory or physical support needs?  | ​​ [ ]  ​ YES ​​ [ ]  ​ NO ​​ [ ]  NOT KNOWN  | ​​Please give details​  |
| Are there any other agencies involved with this young person?  | ​​ [ ]  ​ YES ​​ [ ]  ​ NO ​​ [ ]  ​ NOT KNOWN  | ​​Please give details​  |

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| **EMERGENCY CONTACT DETAILS** (please provide at least one emergency contact aged 18+) |
| **CONTACT 1**  | **Name:**  |  ​​Click or tap here to enter text.​   |
|   | **Relationship to young person:**   | ​​Click or tap here to enter text.​  |
|   | **Email:**  |  ​​Click or tap here to enter text.​   | **Mobile / phone:**  | ​​Click or tap here to enter text.​  |

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| **How did you hear about this programme?**  |  ​​Click or tap here to enter text.​   |
| **Any other relevant / useful information:**  |  ​​Click or tap here to enter text.​   |

1. Data shall be processed in accordance with the principles under Article 5 of the UKGDPR, underlying the lawful processing of personal data.
2. The shared data shall only be used for the purposes agreed as defined within the West of England Combined Authority Mayoral Priority Skills Fund (MPSF) Data Sharing Agreement (DSA) and shall not be used for any other purpose unless required by another law.
3. The shared data will be provided to the recipient organisation in accordance with the ICO’s Data Sharing Code of Practice and the UKGDPR and as detailed within the DSA. The shared data will be processed in accordance with the UKGDPR and the DPA 2018.
4. The shared data will be supplied to the recipient organisation in a secure manner for example by encrypted email attachment.