



**THIRD PARTY REFERRAL FORM**

**Please complete all sections in block capitals**

**Referral Agency Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Name |  | Agency Worker Name |  |
| Office Address |  | Agency Worker Job Role |  |
| Office Phone No |  | Mobile Phone No |  |
| Email Address |  | | |

**Participant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date Of Birth |  |
| Address |  | N.I. No |  |
| SCN No (under 16’s) |  |
| Home Phone No |  |
| Postcode |  | Mobile Phone No |  |
| Email Address |  | | |

**Employment Status (Please Tick)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Unemployed | Inactive | Employed | In Education/Training |
| 0-6 months |  |  |  |  |
| 7-12 months |  |  |  |  |
| 12-24 months |  |  |  |  |
| 25-36 months |  |  |  |  |
| Over 3 years |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Length of time since participant last worked (in years and months) |  | Date identified for referral to Work Programme (if applicable) |

**Current Benefits (Please tick ALL that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Seekers Allowance |  | Education Maintenance Allowance |  |
| Carers Allowance |  | Income Support |  |
| Incapacity Benefit/ESA |  | Housing Benefit |  |
| Working Tax Credit |  | Council Tax Credit |  |
| Disability Living Allowance |  | Child Tax Credit |  |
| Child Benefit |  | Childcare Element of Working Tax Credit |  |
| Universal Credit |  | Other (please state) |  |

**Referral to (Please tick appropriate organisation)**

|  |  |  |
| --- | --- | --- |
| **Organisation** |  | **Reason for referral to this organisation** |
| FEAT - Journey To Work |  |  |
| FEAT - Fife IPS |  |
| FEAT - Employ Your Mind |  |

**Brief mental health history and/or diagnosis including risk information**

|  |
| --- |
|  |

**Barriers to employment (Please tick ALL that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Living in a jobless household |  | Migrants, people with a foreign background, minorities |  |
| Underemployed |  | Asylum seeker |  |
| Low income employed |  | Refugee |  |
| Looked after young person |  | Low skilled – ISCED 1 or 2 |  |
| Criminal conviction |  | Long term unemployed 16-24 more than 6months continuous |  |
| Long-term physical illness |  | Long term unemployed 25+ more than 12months continuous |  |
| Mental health issues |  | Living in a single adult household with dependent children |  |
| No work experience |  | Living in a jobless household with dependent children |  |
| Substance related issues |  | Armed forces veterans |  |
| Primary carer of child (under 18) or adult |  | Above 54 years of age |  |
| Primary carer of older person |  | Rural Area 1 |  |
| Disability |  | Rural Area 2 |  |
| Homeless or affected by housing exclusion |  | Employment Deprived Areas |  |

|  |  |
| --- | --- |
| Description of progress made with referring agency |  |
| Details of all other agencies/services involved with the participant |  |

**Any additional information**

|  |
| --- |
|  |

Client Signature ------------------------------------------------- Agency Signature --------------------------------------------------------

Date ---------------------------------------------------------------- Date ------------------------------------------------------------------------