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| A picture containing logo, graphics, clipart, text  Description automatically generated |  |  |
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**Rise– Referral Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant Details:** | | | | | | | | |
| Full Name | |  | | | Date of Birth | |  | |
| Telephone Number | |  | | | Home Address &  Postcode: | |  | |
| Email Address | |  | | |
| Date of Referral | |  | | |
| National Insurance Number | | | | |  | |  | |
| Status: Married/ Single/Divorced/ Co-habitating | | | | |  | |  | |
| **Employment Status:** | | | | | | | | |
| Employment Status | | Economically Inactive  not actively seeking work and not available for work | | | | | | |
| Is the participant in receipt of benefits? | | Yes  No  Unsure | | If yes; please indicate benefit type | | | | JSA  ESA  UC  PIP  IS  Other |
| **Barriers to Employment/Support required to progress closer the Job Market:** | | | | | | | | |
| Wellbeing and Mental Health  Physical Health/Work Limiting Conditions  Financial Exclusion  Caring/Childcare Responsibilities  Skills Gap/Lack of Qualifications  Substance/alcohol misuse  Homelessness/vulnerably housed  Ex Offender/Criminal record  Domestic Abuse  Isolation  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? | | | Yes  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 economically inactive:  Other relevant information:  How/Why are you in a position to confirm this: | | | | | |
| Declaration | | | 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)  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 |  | | |

*‘This project is funded by the UK Government through the UK Shared Prosperity Fund’*.