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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 Inactivenot 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[ ]  NoATI 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 |  |

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