**Apprenticeships Suffolk Referral Form**

Apprenticeships Suffolk is a free and impartial service, offering information, advice, and guidance to support you with your route into an apprenticeship.

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| --- |
| **How did you hear about our service?:** *e.g. Work Coach, Family/Friend, Careers Event, Young Person’s Worker, employer* |
|  |

**Type of Referral**

[ ] Referring myself

[ ] Referred by other

*If referred by other, please complete below:*

|  |  |
| --- | --- |
| Referred by:*e.g. Organisation name and your full name* |  |
| Relationship to referral:*e.g., Parent/Carer, Work Coach* |  |
| Contact Number: |  |
| Email: |  |

**Referral’s Personal Details**

|  |  |
| --- | --- |
| **Date referral form completed:** DD/MM/YYYY |  |
| **Full Name:** |  |
| **Are you known by any other name(s) or aliases:** |  |
| **Date of Birth (DOB):**DD/MM/YYYY |  |
| **Please tick your age bracket:** | [ ]  Under 16[ ]  16-18[ ]  19-24[ ]  25+ |

**Referral’s Contact Details**

*If possible, please supply us with both an email address and telephone number.*

|  |  |
| --- | --- |
| **Email address:** |  |
| **Telephone number:** |  |
| **Full Address:**(Including postcode) |  |

**Please select your current status from the list below:**

☐ Employed

[ ]  Apprenticeship

[ ]  Education

[ ]  Unemployed

[ ]  Accessing any other support services

☐ Other

|  |
| --- |
| **If selected ‘Other’ please provide further details of your current circumstances:** |
|  |

**Additional Information**

|  |
| --- |
| **Please tell us about your career interests:** |
|  |
| **Any further information to take into consideration prior to initial contact:** |
|  |

[ ]  **Please tick here if you have attached your CV.**

GDPR - Privacy Notice:

Suffolk County Council has a data protection policy which gives information regarding how it handles your personal information. It is available at: <https://www.suffolk.gov.uk/about/privacy-and-data-protection/>

**Your Declaration & Consent**

I am satisfied that the appropriate advice and information about the project has been made available to me prior to my engagement.

I have read and understood the Privacy Notice, by signing this declaration, I accept and agree to how my personal information will be used.

I will advise you if there are any changes to my contact information or if there are any other changes to my personal circumstances which could affect my eligibility for funding.

I understand that false information given above may lead to inappropriate use of public and Government funding and I confirm that all information is accurate and correct to the best of my knowledge.

If you would like to apply for one of our vacancies, which can be found of the [jobs page](https://apprenticeshipssuffolk.org/jobs-page/) of our website (<https://apprenticeshipssuffolk.org/all-jobs/>). You will first need to have a conversation with our participant advisor, and if appropriate, we will then look to send your CV over to the employer for their consideration.

**END OF REFERRAL FORM**

**Please send your completed referral form to** **apprenticeships@suffolk.gov.uk**

**If you require assistance or have any questions regarding the referral form please email** **apprenticeships@suffolk.gov.uk** **OR telephone us on 01473 263 555**