**Pathway to Apprenticeships Referral Form**

This will be completed with your referrer, our Participant Advisor, or our Senior Pathway Advisor.

**Referral’s Personal Details**

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| --- | --- |
| **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

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

**Please select your reason for referral from the list below:**

☐ Additional Learning Need

Unsure of available opportunities

Mental Health

Access Concerns (e.g., pending conviction, travel, accessibility)

Neurodiversity

☐ Other

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| --- |
| **Please provide further details below:** |
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| --- |
| **Current support service information:** |
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| **Barriers:** |
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| **Expectations, Aims and Goals:** |
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| --- |
| **Plan moving forward:** |
|  |

**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/*](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**](mailto:apprenticeships@suffolk.gov.uk)

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