**Apprenticeships Suffolk Referral Form**

|  |
| --- |
| **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 participant:*e.g., Parent/Carer, Work Coach* |  |
| Contact Number: |  |
| Email: |  |

**Participant 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 |  |
| **National Insurance Number:** |  |
| **Please tick your age bracket:** | [ ]  16-21[ ]  22+ |

**Participant 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 status from the list below:**

☐ Paid Employment (full time/part time)

[ ]  Self-Employment

[ ]  Volunteering

[ ]  Apprenticeship

[ ]  Education

[ ]  Unemployed

[ ]  Not actively seeking work

☐ Other

**Are you currently receiving Universal Credit?**

[ ]  Yes

☐ No

☐ Application in progress

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

|  |
| --- |
| **Please summarise below what you are looking for and hoping to achieve?** *E.g. Sector/level or ideal/preferred role* |
|  |

|  |
| --- |
| **Additional Information:** *e.g. Support need, learning disability, learning difficulty, financial hardship, ill health, offender, or ex-offender.* |
|  |

**Equality and diversity monitoring data**

*All data is anonymously collected and used for statistical purposes only to inform project characteristics. By completing this form, you are agreeing to allow this data to be held and used for this purpose.*

|  |  |
| --- | --- |
| Current Age |  |

|  |  |  |
| --- | --- | --- |
| Gender | Female | [ ]  |
| Male | [ ]  |
| Non-binary | [ ]  |
| Prefer not to disclose | [ ]  |
| Tick here if your gender is different to that assigned to you at birth | [ ]  |

|  |  |  |
| --- | --- | --- |
| Religion or belief | Agnostic | [ ]  |
| Atheist | [ ]  |
| Bahai | [ ]  |
| Buddhist | [ ]  |
| Christian | [ ]  |
| Hindu | [ ]  |
| Humanism | [ ]  |
| Jain | [ ]  |
| Jewish | [ ]  |
| Muslim | [ ]  |
| No religion | [ ]  |
| Pagan | [ ]  |
| Rastafarian | [ ]  |
| Scientologist | [ ]  |
| Shinto | [ ]  |
| Sikh | [ ]  |
| Zoroastrian | [ ]  |
| Prefer not to disclose | [ ]  |

|  |
| --- |
| **Which ethnic group do you identify with: -** |
| Asian or Asian British  | Bangladeshi | [ ]  |
| Chinese  | [ ]  |
| Indian  | [ ]  |
| Pakistani  | [ ]  |
| Another Asian background  | [ ]  |
| Prefer not to say  | [ ]  |
| Black, African, Black British or Caribbean  | African  | [ ]  |
| Caribbean  | [ ]  |
| Another Black background  | [ ]  |
| Prefer not to say  | [ ]  |
| Mixed or multiple ethnic groups  | Asian and White  | [ ]  |
| Black African and White | [ ]  |
| Black Caribbean and White  | [ ]  |
| Another Mixed Background  | [ ]  |
| Prefer not to say  | [ ]  |
| White  | British, English, Northern Irish, Scottish, or Welsh  | [ ]  |
| Irish  | [ ]  |
| Irish Traveller or Gypsy  | [ ]  |
| Another White background  | [ ]  |
| Prefer not to say  | [ ]  |
| Another ethnic group  | Arab  | [ ]  |
| Another ethnic background  | [ ]  |
| Prefer not to say  | [ ]  |
| If you identify with another ethnic group that you feel has not been represented, please give details.  |  |

|  |  |
| --- | --- |
| Is English your first speaking language | [ ]  Yes[ ]  No  |
| Do you consider yourself to have a disability | [ ]  Yes[ ]  No |
| If yes, please indicate and tick all those that apply: - | Learning disability | [ ]  |
| Medical disability | [ ]  |
| Physical disability | [ ]  |
| Do you have, or have had in the past, an EHCP? (Education Health Care Plan) | [ ]  Yes[ ]  No[ ]  Application in progress |
| Are you registered/ been previously registered with the Looked After Children Service? (Care Leaver) | [ ]  Yes[ ]  No |
| Are you working in conjunction with the Youth Justice team? | [ ]  Yes[ ]  No |
| Are you a prison leaver? | [ ]  Yes[ ]  No |

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.

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

**If you require assistance or have any questions, please email** **apprenticeships@suffolk.gov.uk** **or telephone us on 01473 263 555**