

**PARTICIPANT REFERRAL FORM**

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| Referring Organisation: |
| Staff Member : |
| Telephone Number: |  |
| Contact email: |  |
| **Participant Details**: ***Please ensure you have obtained consent for participant details to be shared with the Alliance Project*** |
| Participant Name  |  |
| Participant Telephone number  |  |
| Participant Town of residence e.g. Alton |  |  |
| Participant lives in the following area: | **LEP Area** | **Tick ✓** |
|  | Basingstoke and Deane |  |
|  | East Hampshire |  |
|  | Elmbridge  |  |
|  | Guildford |  |
|  | Hart |  |
|  | New Forest |  |
|  | Runnymeade |  |
|  | Rushmoor |  |
|  | Spelthorne |  |
|  | Surrey Heath |  |
|  | Test Valley |  |
|  | Waverley |  |
|  | Winchester  |  |
|  | Woking  |  |
| **Eligibility Information**To the best of your knowledge please indicate that the participant is: |  |
| Participant is over 18 |  | Participant is eligible to work in the UK |  |
| **Unemployed** **-***Not working at all and in receipt of Job Seekers Allowance* |  |
| **OR Economically Inactive** *-A full time student, retired, disabled, a full-time carer**-In receipt of Employment Support Allowance (ESA), Incapacity Benefit (IB) or Income Support (IS) and not working**-Universal Credit claimant who is placed in the Work Preparation Requirements or Work Focused Interview Requirements conditionality groups**-On Full-time parental leave or not in receipt of benefits**-Distant from the labour market and need additional support, skills and confidence to enable them to* *move towards employment* |  |
| **Participant is experiencing at least two of the following:** |
| Suffering with a mental illness or a significant emotional barrier |  |
| Physical disability or illness that affects their ability to go to work |  |
| Substance Misuse Issues |  |
| Homeless or at risk of losing their home |  |
| Identified under the Supported/Troubled Families Programme |  |
| Learning Disability or Difficulty |  |
| Pre-level 2 qualifications in Maths and/or English |  |
| No experience or qualifications in digital skills |  |
| Offender or Ex-offender with an unspent criminal record |  |
| ESOL requirements |  |
| Over the age of 55 years |  |
| Domestic violence issues or abuse |  |
| Unable to take steps to employment due to childcare responsibilities |  |
| Other  |  |
| **Please email referrals to** **bbo.rcs@gmail.com** **and the team will contact you asap**  |