**Client Referral Form**

Please use this form to refer your client to one of the service provisions available, ensuring that the eligibility criteria is met prior to completion of the form. The form must be completed and **signed and dated by the client and staff member** making the referral, to confirm the sharing of information under the Data Protection Act 1998. Any referral forms received and not duly signed and date will be destroyed and the service provider will be unable to make contact with the client. Please emailed the scanned signed form to [it4work@dundeecity.gov.uk](mailto:it4work@dundeecity.gov.uk)

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| **CLIENT DETAILS** | | | | |
| **Full Name:** | Click here to enter text. | **Age:** |  |  |
| **Address with postcode:** | Click here to enter text. | **Email:** |  | Click here to enter text. |
| **Mobile:** | Click here to enter text. | |
| **Home Tel:** | Click here to enter text. | |
| **Clients must meet ALL of the following eligibility criteria** | | | | |
| * Reside in a Dundee City Council postcode * Be an adult of Working Age * Have the Legal Right to Live and Work in the UK * Be either Unemployed, Long-term Unemployed or Inactive (not in education or training) * Have at least two (2) barriers to employment – see list below   **However**, where a client is *Long-term Unemployed* (6 months), they are automatically deemed as having multiple barriers to employment. Therefore, there is no requirement to evidence an additional barrier. | | | | |
| **Individuals are not eligible for IT 4 Work support if they are:** | | | | |
| * Participants in one of the nationally funded training programmes   (i.e. Work Programme; Work First; Work Able; Fair Start; Employability Fund)   * Employed (including part-time work). | | | | |

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| Unless long-term unemployed, the client must have two (2) of the barriers listed below to be eligible | | | |
| Long-term Unemployment (Aged 24 or under AND Unemployed AND In receipt of Jobseekers Allowance/Universal Credit/ESA (Work Related Activity Group) AND continuously unemployed for more than 6 months) | | |  |
| Long-term Unemployment (Aged 25 and over AND Unemployed AND In receipt of Jobseekers Allowance/Universal Credit/ESA (Work Related Activity Group) AND continuously unemployed for more than 12 months) | | |  |
| From Employment Deprived Areas |  | Primary carer of older person |  |
| Above 54 years of age |  | Primary carer of a child/children (under 18) or adult |  |
| Asylum Seeker |  | Disability |  |
| Refugee |  | Long-term physical illness / condition |  |
| Migrants, people with a foreign background, minorities |  | Mental health issues |  |
| Homeless or affected by housing exclusion |  | Substance related conditions |  |
| Living in a jobless household |  | Low Skilled |  |
| Living in a jobless household with dependent children |  | No or Limited work experience |  |
| Living in a single adult household with dependent children |  | Armed Forces Veteran |  |
| Looked after young person |  | Criminal convictions |  |

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| **Data Protection Act 1998** | | | | |
| Under the Data Protection Act 1988, we need your consent to share personal information about you with the organisation that you wish to be referred to for support. This will include all the personal information documented on this form.  Without your consent, we will be unable to refer you to the relevant team using this referral form. You can drop in to see the providers yourself without this form being completed and sent to them, however allowing us to do so will speed up the process for you. The information will not be passed to any other organisations without you fully consenting to this being shared. | | | | |
| **Customer Declaration** | | | | |
| I give permission for the referral organisation (named below) to share the information about me on this form with the organisation I wish to be referred to.  I understand the following:-  You will use the information I have provided to refer me to my chosen employability support. This information will assist the staff to assess my eligibility and suitability for the course.  I declare that all the information about me on this form is accurate and true to the best of my knowledge. | | | | |
| **Client Signature** |  | | **Date** | Click here to enter a date. |
| Evidence will be required to confirm the information contained in this form, including eligibility. | | | | |
| **Referring Organisation Declaration** | | | | |
| I confirm that:-   1. All the information on this form is true and accurate to the best of my knowledge 2. I have informed the client that signing this referral form means that they agree to their personal information being shared, the circumstances in which and to whom their personal data will be disclosed and what it will be used for, and, 3. The customer has understood and freely agreed to this 4. The customer is not actively attending a provision with our organisation for which we receive public funds | | | | |
| **Name of person making referral** | |  | **Email address** |  |
| **Agency/organisation** | |  | **Phone number** |  |
| **Referring Officer Signature** | |  | **Date** | Click here to enter a date. |