

**Trainee Referral Form - Employability Skills Programme**

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| **How did you hear about AFK?**  |
| **Young Person’s Details:** |
| **Name**: | **D.O.B**:  |
| **National Insurance number**: | Freedom Pass? **Yes No** |
| **Do you have the right to work in the UK?**  **Yes No** | Do you have a passport? **Yes No** (EU passports with settled or pre-settled status also accepted) |
| **Do you have a bank account?** (You will need this for employment):  |
| **Address**:**Postcode**: **Borough**:  | **Mobile number**: |
| **Email address**: |
| **What languages do you speak?**  |
| **Parent/Carer/Emergency Contact Details:** |
| **Name(s)**:  | **Mobile number**:  |
| **Home number**:  |
| **Address**: **Postcode**:  | **Email**:  |
| **Relationship to trainee**:  |
| **Permissions:****Media:** We may use photos/short films of trainees at work to share on our website, newsletters & with trusted partners only.  *Do you consent to this?*         **YES**                  **NO****Data Storage:** To support your progress to employment effectively, we will need to store your data within our data systems: **Upshot and Outcomes Star**. Both are secure online systems only accessible to the AFK employees. *Do you consent to this?*  **YES             NO**  (circle answer or delete) |
| **Are you currently attending education or other employment programme?** |
| **School/College/Training provider name**: When expected to end: | **Address**:**Postcode**:  |
| **Do you intend to start an internship/apprenticeship soon?** | **Yes/No** |
| **Where?** |
| **Do you receive 1:1 Support?** i.e., Support Worker |  |
| **Support Worker name**: **Email**: | **Phone number**: |
| **Do you need support with travel training?**  |  |

###### Tell us about yourself – please give as much detail as possible

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| **Why do you want to get into employment?** |
| **Have you had any work experience, voluntary or paid?****Do you have a CV?** |
| **Where would you like to work?** |
| **What are your best skills?** |
| **Do you have any criminal convictions spent or unspent? If yes, please explain briefly what they are:** *(please note, that depending on the conviction, it will not necessarily affect you getting into paid work)* |

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| Disability - Please choose one or more boxes ü: |
| Autistic Spectrum Condition  |  | Issues with reading/writing or specific learning difficulty  |  |
| Asperger Syndrome |  | Learning disability (MLD)  |  |
| Deaf or partially hearing |  | Learning disability (SLD) |  |
| Blind or partially sighted  |  | Medical issues |  |
| Epilepsy  |  | Mental Health Issues |  |
| Diabetes |  | Challenging Behaviour |  |
| Dyslexia  |  | Physical disability  |  |
| Other (please give details): |
| Medical Needs: |
| **Medical conditions** – Please give further details: | **Medication taken and when**:  |
| **If you have epilepsy, please provide details of what we should do in the event of a seizure (epilepsy protocol)**:  |
| Health and Care Needs - Please Provide Details: |
| **Dietary requirements**:  |
| **Do you have any allergies?**  |
| **Do you need help with any personal care?:**  |

Signed:…………………………………………………………….. Dated:…………………………………………………………..

Return the form to: **Life & Work Manager, AFK, Martin House, 12 Regis Road, London NW5 3EW**

**or email:** elaine.harman@afkcharity.org; fareeda.southworth@afkcharity.org

katarzyna.grodzka@afkcharity.org

Once AFK have received your completed form, we will be in touch within 2 weeks – thank you