

**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;](mailto:elaine.harman@afkcharity.org) [fareeda.southworth@afkcharity.org](mailto:fareeda.southworth@afkcharity.org)

[katarzyna.grodzka@afkcharity.org](mailto:katarzyna.grodzka@afkcharity.org)

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