

**Employment and Skills Programme Referral Form**

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| **Young Person’s Details:** |
| **Full Name:** | **Date of Birth:**  |
|  **Address:**  |
|  **City:**  | **Post Code:**  |
|  **Email:**  | **Mobile / Phone:**  |
| **National Insurance Number:** |
| **Do you have the right to work in the UK?** | Yes  | No |
| **Do you have a valid passport?** | Yes | No |
| **Do you have a bank account?** | Yes  | No |
| **Emergency Contact Details:**   |
| **Full Name:** | **Relation:**  |
| **Address:**  |
| **City:**  | **Post Code:**  |
| **Email:**  | **Phone:** |
| **Privacy Agreement:**   |
| **Data Storage** We will keep your data within two secure data systems: Upshot and Outcomes Star. It will be accessible to the relevant members of the AFK Staff.  |
| **Media Permissions**Select ‘Yes’ if you give permission for AFK to use your photos or other media (internally, externally or both - according to your choices below). | Yes | No |
| **Sharing media within AFK (internally)**Select 'Yes' if you agree for media associated with you to be seen by the AFK staff. | Yes | No |
| **Sharing media outside of AFK (externally)**Select ‘Yes’ if you agree for media associated with you to be shared with third parties, for example with AFK's funders (in reports) and supporters (social media). Please note the information shared via social media can be shared further.  | Yes | No |

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| **Criminal Record:**  |
| **Do you have any criminal convictions spent or unspent?** (If you do, it will not necessarily affect you getting into paid work.) | Yes | No |  |

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| **Disability / Neurodivergence:** (Tick all relevant boxes. Add details.) |
| **Learning disability**  |  | **Dyspraxia** |  | **Mental Health Condition**  |  | **Epilepsy** |  |
| **Autism Spectrum Condition** |  | **ADHD** |  | **Physical disability**  |  | **Hearing impairment** |  |
| **Dyslexia** |  | **Communication difficulties** |  | **Medical condition** |  | **Visual impairment** |  |
| **Dyscalculia**  |  | **Behaviour that challenges** |  | **Genetic condition** |  | **Other** |  |

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| **Health and Care Needs:** |
| **Do you take prescribed medication?** | Yes | No | **Do you need help with personal care?** | Yes | No |
| **Have you got any allergies?** | Yes | No | **Have you got 1:1 support worker?** | Yes | No |
| **Have you got any specific dietary****requirements?**  | Yes | No | **Have you got any access needs?** | Yes | No |
| **If you have epilepsy, have you got instructions on how to support you during a seizure?** | Yes | No | **Are you a wheelchair user?** | Yes | No |
| **Employment, Education and Training:** |
| **Are you currently in education?** | Yes | No | College name:  | End date:  |
| **Are you currently an intern or an apprentice?** | Yes | No | **Are you scheduled to start an internship or an apprenticeship?** | Yes | No |
| **Do you currently receive employability support from another provider?** | Yes | No | **Do you have a CV?** | Yes | No |
| **Have you had any work experience?** | Yes | No | Details:  |
| **Why do you want to get into employment?** |  | **Where would you like to work?** |  |
| **What are your best skills?** |  |
| **Travelling:** |
| **Can you travel on your own?**  | Yes  | No | **Do you need travel training?** | Yes | No | **Have you got a Freedom Pass?**  | Yes | No |

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

Please return this form to: E&S Referrals, AFK, 101 Pentonville Road, London N1 9LG or email: Referrals@afkcharity.org. We will be in touch within 2 weeks from receiving the form - thank you.