**Referral Form for Future Pathways GLA/ ESF targeted NEET employability programme**

All sections of this form must be completed in full

|  |  |
| --- | --- |
| **Referring institution (please tick)** | |
| Department for Work and Pensions |  |
| Job Centre Plus |  |
| National Careers Service |  |
| Local Authority |  |

|  |  |
| --- | --- |
| **Employment Status (please tick)** | |
| The participant is currently Not in Education, Employment or Training (NEET) |  |
| The participant is working |  |
| The participant is in education/ training |  |

|  |  |
| --- | --- |
| **Barrier to employment or education (please tick all that apply)** | |
| A Looked-After Child |  |
| A Care-Leaver |  |
| Homeless or at risk of being homeless |  |
| Lone parent |  |
| In debt (minimum £1,000) |  |
| Young carer (ie receives carers allowance) |  |
| Involved in substance misuse |  |
| Involved in criminal activity |  |

|  |  |
| --- | --- |
| **Participant details** | |
| First Name |  |
| Middle Name (if any) |  |
| Last Name |  |
| Address |  |
| Postcode |  |
| Home phone number |  |
| Mobile phone number |  |
| Email |  |
| Date Of Birth |  |

|  |  |
| --- | --- |
| **Gender** | |
| Male |  |
| Female |  |
| Other, please state |  |

|  |  |
| --- | --- |
| **Right to live and work in the UK** | |
| **Acceptable evidence seen** | **Reference number** |
| UK nationals |  |
| * Full British Passport |  |
| * Birth/ adoption certificate |  |
| EEA or non-EEA nationals |  |
| * Full EEA passport or national ID card and EUSS Settled pr pre-settled status decision letter (EEA nationals only) |  |
| * Passport either endorsed ‘indefinite leave to remain’ or includes work or residency permits or visa stamps |  |
| * ID card issued by the Home Office, confirming right to stay, work or study |  |
| * Letter from the UK Immigration and Nationality Directorate granting indefinite leave to remain |  |
| * Residency Permit |  |
| * Marriage/ Civil partnership cert. (if partner has legal right to live in the UK and this can be evidenced) |  |

**Declaration**

I confirm the information contained in this referral form is accurate to the best of my knowledge

|  |  |
| --- | --- |
| Referrer (print name) |  |
| Job title |  |
| Department/ team / Borough Council |  |
| Contact number/ email |  |
| Signed |  |
| Date |  |

***Logo, company name

Description automatically generated***