**REFERRAL AGENCY DETAILS**



**Agency**



**Contact Name Job Role**



**Email**



**Mobile NO Office Tel No**



**Address**

**PERSONAL DETAILS**



**Name D.O.B Age Male**



**Address Female**

**Mobile**



**Home No**

**Post Code**



**Email**

**Immigration Status please mark (x) the box that applies:**

British Citizen  Spouse Visa  Resettlement (e.g. Iraqi/Afghan)

Leave to Remain (Full Refugee Status)  Asylum Seeker  Humanitarian Protection

Discretionary Leave to Remain  UNHCR Gateway  EU Citizen

Leave to Remain (Legacy/Case Resolution)  Other

**Country of Origin Nationality**



**Date of arrival in Date granted LtR**



**the UK** (Refugee Status)



**NI Number**

**Are you currently in work or education?** **Yes**  **No**  **If ‘Yes’, please provide details below:**

**Education** **Work**



Provider Name Employer



Course Name Job Title



Start Date Start Date



End Date Full Time or Part Time



Full Time or Part Time

**What kind of work are you hoping to do in the future?**



What is your English level? If you have studied ESOL, please indicate the highest level you have **completed**:

Advanced  Upper-Intermediate  Intermediate  Access 3 Beginner/Elementar

**Please Note Bridges can only offer support to those with an English level of Access/National 3 or above**

**Please outline the progress made with referring agency?**



**Please describe why the participant has been referred?**



**When are you available? Please mark (x) one or more options for each day:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Morning | Morning | Morning | Morning | Morning | Morning | Morning |
| Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon |
| Evening | Evening | Evening | Evening | Evening | Evening | Evening |
| *All* | *All* | *All* | *All* | *All* | *All* | *All* |
| *None* | *None* | *None* | *None* | *None* | *None* | *None* |

**Do you have childcare responsibilities? Yes**  **No**

**Do you have childcare arranged? Yes**  **No**



**Who is providing the childcare?**

**What type of benefits are you on?**

Universal Credit  NASS Support  Section 4  Income Support

Jobseeker’s Allowance  Housing Benefit  Education Maintenance Allowance

Council Tax Benefit  Child Tax Credit  Working Tax Credit  Childcare Element of WTC

Other

**Are you on Fair Start Scotland?**   Yes  No **Date When started:**



**Client Signature: Date:**



**Representative Date:**

**Signature:**

If you wish to apply for help, please fill in this form **completely** and return it to the address below. Your application will be assessed, and you will be contacted on the phone number you have provided by a caseworker to arrange an appointment once a suitable opportunity becomes available.

**If you are offered an appointment and fail to turn up and don’t call to cancel,**

**it is unlikely that Bridges will continue to offer you support**