

Referral to North Ayrshire Council's Employability Pipeline

As the council's employability services are part funded by European Social Fund (ESF), a participant's eligibility for ESF support must be confirmed. A participant's eligibility can be evidenced by a referral form from an organisation (e.g DWP) that has accurate knowledge of the participant's circumstances.

(Please complete all mandatory sections/fields marked with **)

Eligibility

Referral Date**
Please detail last working day **
Confirm not currently on Work Programme**

Participant Details

Name: **	NI Number: **
Address: **	Date of Birth: **
Postcode: **	Main Contact number:**
Email:	Contact Number :

Referral Details

Agency:	Worker Name:**
	Job Role: **
Address:	Tel:**
	Mobile:
Postcode:**	Email:**

Employment Status **

Employment Status:	Unemployed: <input type="checkbox"/> (JSA; UC; ESA WRAG)	Inactive: <input type="checkbox"/> (ESA; DLA; PIP; IB; IS; CA; None)
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Is the customer aged 24 or under AND Unemployed AND been in continuous receipt of Jobseekers Allowance / Universal Credit / ESA WRAG for more than 6 months **	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Is the customer aged 25 and over AND Unemployed AND been in continuous receipt of Jobseekers Allowance / Universal Credit / ESA WRAG for more than 12 months **	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Potential Barriers to employment ** (Must be 2 or more barriers for participants 30+ age group)

From employment deprived areas	<input type="checkbox"/>	Looked after young person	<input type="checkbox"/>
Above 54 years of age	<input type="checkbox"/>	Primary carer of older person	<input type="checkbox"/>
Asylum Seeker	<input type="checkbox"/>	Primary carer of a child/children (under 18) or adult	<input type="checkbox"/>
Refugee	<input type="checkbox"/>	Armed Forces Veteran	<input type="checkbox"/>
Migrants, people with a foreign background, minorities	<input type="checkbox"/>	Disability	<input type="checkbox"/>
Homeless or affected by housing exclusion	<input type="checkbox"/>	Long-Term physical illness/condition	<input type="checkbox"/>
Living in a jobless household	<input type="checkbox"/>	Mental Health issues	<input type="checkbox"/>
Living in a jobless household with dependent children	<input type="checkbox"/>	Substance related conditions	<input type="checkbox"/>
Living in a single adult household with dependent children	<input type="checkbox"/>	Low Skilled	<input type="checkbox"/>
No work experience	<input type="checkbox"/>	Criminal convictions	<input type="checkbox"/>

Reason for referral: **

Action Planning/Needs assessment	<input type="checkbox"/>	Referral to specialist support	<input type="checkbox"/>
Skills Assessment	<input type="checkbox"/>	Interview skills	<input type="checkbox"/>
Job Search	<input type="checkbox"/>	Volunteering	<input type="checkbox"/>
Core skills programmes	<input type="checkbox"/>	Childcare advice	<input type="checkbox"/>
Industry Accredited Qualifications	<input type="checkbox"/>	In Work Calculations	<input type="checkbox"/>
Work Experience/Taster programmes	<input type="checkbox"/>	CV Builder	<input type="checkbox"/>
In-Work Support	<input type="checkbox"/>	Pre-Employment training	<input type="checkbox"/>
Re- training	<input type="checkbox"/>	Pre-Apprenticeship training	<input type="checkbox"/>
Aftercare support	<input type="checkbox"/>	Health Case Management	<input type="checkbox"/>

Declaration

I declare that the above information is correct and would like to register as a client for one or more North Ayrshire Employability Pipeline Support services. I consent to North Ayrshire Council and its partners processing personal/sensitive data by means of information and communication technology or otherwise, which I have provided.

I understand that the programmes delivered through the North Ayrshire Employability & Skills pipeline is funded from European Social Fund.

I understand that this information will be held on a database and this copy in my client file. This information can be exchanged between partnership organisations and external agencies who will help me reach my job/training goals.

PARTICIPANT NAME: ** _____ SIGNATURE: _____ DATE:** _____

CASE WORKER NAME:** _____ SIGNATURE: _____ DATE:** _____