



Referral Form

Any referral should be discussed with the participant and cannot be made without the participant's permission.

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| Referrer Name | | Job Title | |
| Referring Agency | Choose an item. | Tel No | |
| Name of participant | | Date of Birth | Click or tap to enter a date. |
| Address | | Postcode | |
| Email address | | | |
| Telephone No. | | National Insurance No. | |
| Expected leaving date (if still at school) | Click or tap to enter a date. | | |
| Parental Status - Is participant a parent <i>Yes- single parent</i> <i>Yes- parent couple</i> <i>No</i> | Choose an item. | If yes, does the child/children live with them: | |
| If Parent | no. of children | Disabled children within family? | Age of youngest child (in months) |
| Employment status <i>Employed (inc. self-employed)</i> <i>Unemployed</i> <i>Economically Inactive</i> | Choose an item. | | |
| Current Support in Place | | | |
| | | | |
| Identification/Self Disclosure | | | |
| Reason for referral, including barrier to employment or progression: | | | |
| Please give details about any health condition/disability: | | | |

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| Details of any known risks such as criminal convictions that would impact on ability to participate: | | |
| Please list strengths and any hobbies or interests: | | |
| Anything else that would be helpful for us to know? | | |
| | | |
| Declaration <ul style="list-style-type: none"> I wish to apply for employability support through ABZ Works, delivered by Aberdeen City Council and partners. I agree to my contact details and details of my employability activity being held on the Aberdeen City Council database, the Skills Development Scotland Data Hub and used for reporting purposes to the Scottish Government to help extend and improve services in accordance with GDPR (2018) and Data Protection Act 1998. | | |
| Signed | | Date |
| Applicant Signature | | Click or tap to enter a date. |