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| **PURE Project - Referral Form** | | | | | | | | | | |
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| **SECTION 1: Participant Details** | | | | | | | | | | |
| First Name(s) |  | Last Name |  | | | | | | | |
| Address (including postcode) |  | | | | | | | | | |
| Tel Number/Mobile Number |  | E-mail |  | | | | | | | |
| Age |  | Preferred Pronouns | She/Her | | He/Him | | | They/Them | | |
| Preferred method of contact | Choose an item. | | | | | | | | | |

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| **SECTION 2: Eligibility** |
| Participants who do not meet criteria 1-3 below are not eligible for the project. By sending in this form and signing section 8,  you have declared you meet the following criteria. |
| **I (Organisation/Referee) confirm that the participant named above is:** 1. Resident in Birmingham 2. Aged 18 or above. 3. Has legal right to live/work in the UK for the duration of the project support |

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| **SECTION 4: Barriers to Employment, Education or Training** | | | |
| Do you think you have a barrier to getting a job? | | Yes  No | |
| Please tick all that apply to you: | | | |
| Alcohol / Substance Misuse | Need support to live independently | | Childcare responsibility |
| Basic Skills (including Maths, English, Digital, and ESOL) | Life Skills (including confidence, presentation, communication, CV writing) | | Domestic Abuse  Does the referee consent to being contacted via phone/email?  Phone: Yes  No  Email: Yes  No |
| Pan Disability/Health Condition | Social Exclusion (i.e. age) | |
| Cost of living/Financial issues | Religious/ Cultural restrictions | |
| Homeless or at the risk of being homeless | Offender / Ex-offender (please consent to processing data in Section 8) | |
| Other (Please Specify) |  | | |

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| **SECTION 3: Employment Status** | | |
| **Unemployed:** without work, available for work, and actively seeking work |  |  |
| **Inactive:** without work and not actively seeking work at this time due to current circumstances |  |  |

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| **SECTION 5: Health Condition or Disability** | | | |
| Do you have a health condition or disability? | | Yes  No (please go to section 6) | |
| Please tick all that apply to you: | | | |
| Autism spectrum disorder | Learning Disability (moderate) | | Mental health difficulty |
| Asperger’s syndrome | Learning Disability (severe) | | Social and emotional difficulties |
| Disability affecting mobility | Dyslexia | | Hearing/sensory impairment |
| Temporary disability after illness or accident | Dyscalculia | | Vision/sensory impairment |
| Profound complex disabilities | Speech, language, and communication needs | | Prefer not to say |
| Other (Please Specify) |  | | |

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| **SECTION 6: How did you hear about PURE?** | | | | | |
| PURE Presentation | Birmingham City Council Website | Social Media | Social Worker | Family/Friend | Key Worker |
| Other (Please Specify) | |  | | | |

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| **SECTION 7: What are you seeking to achieve within the PURE project?** Please also include your interests and aspirations i.e. employment, volunteering, CV writing, training courses etc. |
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| **SECTION 8: Certification and Signature** | |
| I certify that I consent to this referral onto the PURE Project and that this is a true copy of the original document | |
| **Signature** |  |
| **Date** | Click or tap to enter a date. |
| I explicitly consent to the processing of any criminal convictions and offences data relating to me (if relevant) | |
| I have been given the privacy notice in relation to how my data is used on the project. | |