



GNFC Work Based Skills Project Referral Form

Applicant Details

Name: _____ Date of birth: _____

Current address: _____

Postcode: _____

Contact number: _____ Nationality: _____

Referral made to Work based skills project
 Other _____

Date of initial enquiry: _____

Started Work skills project on: _____

Completed project on: _____

| Next of Kin | Contact Number | Address | Relationship |
|-------------|----------------|---------|--------------|
| | | | |

Source of referral: Self referral Agency: _____

For agencies: Name of referrer: _____ Contact Number: _____

Details of the reason for the referral:

What are the reasons for this referral?

What relevant experience and qualifications do you have?

Do you need support with literacy or numeracy skills?

| Is there a history of difficulties with: | Current | Previously | Never | Not known |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Substance misuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol misuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have a disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bullying in the workplace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk relating to children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criminal behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If the individual being referred has experienced any of the above, please give more information below:

Employment Status of Applicant: Receiving ESA Part Time Work Full Time Work
 Incapacity Benefit Income Support Receiving JSA Other: _____

Any other relevant information

When submitting referral: Referrer Signed _____ Date _____

When receiving referral: GNFC Staff Signed _____ Date _____