

# Employability support: Referral form

Please email completed forms to [DGEmployabilityreferrals@dumgal.gov.uk](mailto:DGEmployabilityreferrals@dumgal.gov.uk)

<b>Self-Referral: Yes/No</b>
<b>Referring Agency:</b> <b>Name of person referring:</b>  <b>Organisation:</b>  <b>Contact Number:</b> <b>Email:</b>

<b>About the Participant</b>	
<b>Participant Full Name</b>	
<b>Full Address</b>	
<b>Contact Numbers</b>	
<b>Email Address</b>	
<b>Date of Birth</b>	
<b>Economic Status</b>	Unemployed/ Economically Inactive/ Employed
<b>Parental Status</b>	Parent in a couple / Single parent / Not parent

<b>Please detail reason for Referral</b>

**Please let us know what support you would like to receive from the service. Tick all that apply.**

**I would like support and advice on the following:**

- CV support
- Funded Programmes (Examples: Placement Plus/ Paid work placement)
- Looking for jobs/vacancy services
- Starting up a business
- Employer Recruitment Incentives
- Get help with reading, writing and numbers.
- Health/Supported Employment
- In-work support
- Other: (Please specify)

**Participants Acknowledgement and Confirmation:**

By agreeing to participate with us, I confirm that I have read and understand the contents of the Privacy Notice and this Acknowledgement and Declaration and hereby:

- a) Acknowledge that my personal information contained in this form may be passed to the bodies referred to in the Privacy Notice and used in the manner identified in the Privacy Notice, in accordance with the General Data Protection Regulation and the Data Protection Act (2018)
- b) I acknowledge the other Privacy Notices stated relevant to my participation.
- c) Where requested, I have been provided with a copy of the Privacy Notice for my safekeeping

I confirm that the details entered in this form are correct.

Signed: (Participant)

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Print Name:

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Date:

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