

This form must be fully completed AND signed by the Referral Partner.

Date of Referral:		<p>Please confirm if you are referring from one of the categories listed below & can verify identity of this young person:</p> <p>A Local Authority NEET Team (tick below) where this young person is known & registered:</p> <input type="checkbox"/> Kent LA NEET Team <input type="checkbox"/> Medway LA NEET Team <input type="checkbox"/> Essex LA NEET Team <input type="checkbox"/> Thurrock LA NEET Team <input type="checkbox"/> Southend on Sea LA NEET Team <input type="checkbox"/> East Sussex LA NEET Team <p><input type="checkbox"/> DWP/Job Centre Plus where this young person is known & registered.</p>
Name of Referrer:		
Referrers Telephone Number:		
Referrers Email Address:		
Referring Organisation:		
ESF Preferred Training Provider (if known):		

1. Learner Details			
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name:		Preferred Name	
Middle Names:		National Insurance No:	
Last Name:		Unique Learner No:	
Home Address			
Home Tel No:		Home Postcode:	
Mobile No:		Date of Birth:	
Email Address:		Current Age:	

2. Ethnic Group:		
White <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background Black/African/Caribbean/Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean background	Mixed/Multiple Ethnic Group <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> Any other Mixed/Multiple ethnic background	Asian/Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background Other Ethnic Group <input type="checkbox"/> Arab

3. Prior Attainment:	
<input type="checkbox"/> No qualifications <input type="checkbox"/> Entry Level <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4+	Basic Skills Achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Basic Skills Qualifications:	
GCSE Maths at grade A*-C / Level 9-4:	<input type="checkbox"/> Not yet achieved <input type="checkbox"/> Achieved by end of Year 11 <input type="checkbox"/> Achieved since Year 11
GCSE English at grade A*-C / Level 9-4	<input type="checkbox"/> Not yet achieved <input type="checkbox"/> Achieved by end of Year 11 <input type="checkbox"/> Achieved since Year 11
Pass grade for Maths Func Skills Level 2	<input type="checkbox"/> Not yet achieved <input type="checkbox"/> Achieved
Pass grade for English Func Skills Level 2	<input type="checkbox"/> Not yet achieved <input type="checkbox"/> Achieved

4. Support Needs:		
Does the learner have a long-term health problem or learning difficulty? (Please tick below)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Disability/Health Problem <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Moderate learning difficulty <input type="checkbox"/> Severe learning difficulty <input type="checkbox"/> Other disability	<input type="checkbox"/> Profound complex disability <input type="checkbox"/> Social, emotional difficulties <input type="checkbox"/> Speech, language, communication needs <input type="checkbox"/> Temporary disability or illness (i.e., following accident or illness) <input type="checkbox"/> Other medical condition (i.e., epilepsy/asthma/diabetes) <input type="checkbox"/> Other learning difficulty	<input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Mobility needs <input type="checkbox"/> Mental health difficulty <input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyscalculia
Please provide details if you ticked 'Other' above:		
Does the learner have a Education Health Plan (please state which Local Authority Area below)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Local Authority Area		
Primary LDD Need:		
Please tick all boxes that apply to this young person:		
<input type="checkbox"/> Lone/Disadvantaged Parent <input type="checkbox"/> Living in Care	<input type="checkbox"/> Homeless/risk of <input type="checkbox"/> A Care Leaver	<input type="checkbox"/> Lives in rural/isolated area <input type="checkbox"/> Low confidence/Self-esteem <input type="checkbox"/> Financial barriers <input type="checkbox"/> Reluctant/Unable to leave home

5. Please complete either section A or section B	
A – Employment Status	
Is the Learner unemployed and looking for and available to start work and/or training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Learner unemployed and NOT looking for and available to start work and/or training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Length of unemployment:	<input type="checkbox"/> Less than 3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> + 12 months
Is the Learner currently claiming any benefits? (Specify below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Disability Living Allowance <input type="checkbox"/> Universal Credit <input type="checkbox"/> Jobseekers Allowance <input type="checkbox"/> Personal Independence Payments	
<input type="checkbox"/> Employment support allowance (Work Related Activity Group) <input type="checkbox"/> Any other state benefit	
Which Job Centre is supporting the Learner?	
Which Job Centre work coach / adviser is supporting?	
Most recent School or College?	
Education Leaving Date	
B - Education Status:	
The learner is currently in education or training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The learner is at risk of becoming NEET following completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why is the Learner at Risk of becoming NEET?	
Current School or College?	
Current Programme of Study (if applicable):	
Current Year Group	

6. Assessment of Need	
What is the reason for the referral?	
What are the specific barriers that need to be addressed?	
What benefits will this programme of support bring to the Learner?	
Please describe how long you feel support will be required for?	
Please describe the support that this Learner would benefit from. (Education, Skill or Personal/ Social Development)	
What are the career aspirations or interests for the Learner?	
Please describe any previous work experience or employment	

Referrer Declaration:	
I confirm that to best of my knowledge the information supplied within this referral (including DOB & Home Address) is true and accurate. I confirm that the person named in this referral (the Learner) has consented to this referral being made and their information being shared.	
THIS SECTION MUST BE COMPLETED (PLEASE TICK APPROPRIATE BOX):	
I confirm the person named in this referral (the Learner) to be: Not in Education Employment or Training (NEET) <input type="checkbox"/> OR At Risk of becoming NEET <input type="checkbox"/>	
I will update the Training Provider should this status change before any “start” on ESF part-funded Step Up Provision.	
Name:	Position:
Signature:	Date:
How is the Learner being referred known to you? (school student, NEET caseload, claimant, family member)	