**REFERRAL AGENCY DETAILS**

**Agency**

**Contact Name Job Role**

**Email**

**Mobile NO Office Tel No**

**Address**

**PERSONAL DETAILS**

**Name D.O.B Age Male** [ ]

**Address Female** [ ]

 **Mobile**

 **Home No**

 **Post Code**

**Email**

**Immigration Status please mark (x) the box that applies:**

[ ]  British Citizen [ ]  Spouse Visa [ ]  Resettlement (e.g. Iraqi/Afghan)

[ ]  Leave to Remain (Full Refugee Status) [ ]  Asylum Seeker [ ]  Humanitarian Protection

[ ]  Discretionary Leave to Remain [ ]  UNHCR Gateway [ ]  EU Citizen

[ ]  Leave to Remain (Legacy/Case Resolution) [ ]  Other

**Country of Origin Nationality**

**Date of arrival in Date granted LtR**

**the UK** (Refugee Status)

**NI Number**

**Are you currently in work or education?** **Yes** [ ]  **No** [ ]  **If ‘Yes’, please provide details below:**

**Education** **Work**

Provider Name Employer

Course Name Job Title

Start Date Start Date

End Date Full Time or Part Time

Full Time or Part Time

**What kind of work are you hoping to do in the future?**

What is your English level? If you have studied ESOL, please indicate the highest level you have **completed**:

[ ]  Advanced [ ]  Upper-Intermediate [ ]  Intermediate [ ]  Access 3 [ ] Beginner/Elementar

**Please Note Bridges can only offer support to those with an English level of Access/National 3 or above**

**Please outline the progress made with referring agency?**

**Please describe why the participant has been referred?**

**When are you available? Please mark (x) one or more options for each day:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| [ ]  Morning | [ ]  Morning | [ ]  Morning | [ ]  Morning | [ ]  Morning | [ ]  Morning | [ ]  Morning |
| [ ]  Afternoon | [ ]  Afternoon | [ ]  Afternoon | [ ]  Afternoon | [ ]  Afternoon | [ ]  Afternoon | [ ]  Afternoon |
| [ ]  Evening | [ ]  Evening | [ ]  Evening | [ ]  Evening | [ ]  Evening | [ ]  Evening | [ ]  Evening |
| [ ]  *All* | [ ]  *All* | [ ]  *All* | [ ]  *All* | [ ]  *All* | [ ]  *All* | [ ]  *All* |
| [ ]  *None* | [ ]  *None* | [ ]  *None* | [ ]  *None* | [ ]  *None* | [ ]  *None* | [ ]  *None* |

**Do you have childcare responsibilities? Yes** [ ]  **No** [ ]

**Do you have childcare arranged? Yes** [ ]  **No** [ ]

**Who is providing the childcare?**

**What type of benefits are you on?**

[ ]  Universal Credit [ ]  NASS Support [ ]  Section 4 [ ]  Income Support

[ ]  Jobseeker’s Allowance [ ]  Housing Benefit [ ]  Education Maintenance Allowance

[ ]  Council Tax Benefit [ ]  Child Tax Credit [ ]  Working Tax Credit [ ]  Childcare Element of WTC

[ ]  Other

**Are you on Fair Start Scotland?**  [ ]  Yes [ ]  No **Date When started:**

**Client Signature: Date:**

**Representative Date:**

**Signature:**

If you wish to apply for help, please fill in this form **completely** and return it to the address below. Your application will be assessed, and you will be contacted on the phone number you have provided by a caseworker to arrange an appointment once a suitable opportunity becomes available.

**If you are offered an appointment and fail to turn up and don’t call to cancel,**

**it is unlikely that Bridges will continue to offer you support**