

**PATHWAYS JOBSEARCH SUPPORT REFERRAL FORM**

**CLIENT DETAILS**

|  |  |
| --- | --- |
| NAME |  |
| NINo |  |
| DATE OF BIRTH |  |
| ADDRESS |  |
| AREA |  |
| POST CODE |  |
| MOBILE PHONE NUMBER |  |
| HOME PHONE NUMBER |  |
| EMAIL |  |

**LENGTH OF UNEMPLOYMENT (Please tick if known)**

|  |  |  |  |
| --- | --- | --- | --- |
| Under 6 months | 6 – 12 months | Over 12 months | Never worked |
|  |  |  |  |

|  |  |
| --- | --- |
| **First Date of Continuous Claim**  **(If known)** |  |
| **Benefit(s) currently in receipt of**  **(Please list all known)** |  |

**AGE (Please tick)**

|  |  |  |  |
| --- | --- | --- | --- |
| **16-17** | **18 - 24** | **25 - 54** | **55 and over** |
|  |  |  |  |

***CONTINUES BELOW – COMPLETE PAGES 1 & 2***

**BACKGROUND INFORMATION**

Has the client disclosed any of the following issues or barriers?

(Please tick ALL that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Childcare |  | Debt/ Money Issues |  |
| Caring for Adult/ Adults |  | Homeless/ At risk of becoming |  |
| Lack of Confidence |  | Language Issues |  |
| Anxiety |  | Alcohol Issues |  |
| Mental Health Issues |  | Substance Issues |  |
| Physical Disability |  | Learning Disability |  |
| Criminal Record/ Pending Offences |  | Lone Parent |  |
| Living in a jobless household  (no children) |  | Living in a jobless household with dependent children |  |
| Additional Information |  | | |

**REFERRAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referring Agency** |  | **Tel. Number** |  |
| **Name** |  | **Job Title** |  |
| **Email Address** |  | **Date** |  |
| **Office Stamp** |  | | |

***EMAIL TO: jobsearch@pathways-online.org***