



Bury EST use only	
Date referral rec'd:	_____
Client ID No:	_____

REFERRAL FORM (VOCATIONAL PROFILE PART 1)

This Referral should be COMPLETED IN FULL and signed by the Applicant/Carer and Referrer. A copy of the latest Care Plan (CPA) should be included if appropriate.

For office use only

Client ID No:		Referred By:	
Profile Compiled By:		Date Completed:	
Statement of Eligibility:		EM/YCL/PD/MH/LD/SD/Other:	
Benefit book check:		Workstep Eligibility:	Yes/No (Delete as appropriate)
		Asylum Seeker Work Permit:	Yes/No (Delete as appropriate)

1. APPLICANT DETAILS

Surname Sex
 First Name Date of Birth
 Address Telephone Number
 NI Number

Marital Status: Single Married

Next of Kin/Tel No:.....

Emergency Contact/Tel No:.....

To help us monitor the effectiveness of our equal opportunities policy please say which of these ethnic groups you belong to:

- | | | | |
|------------------------------------|--------------------------|--------------------------------------|--------------------------|
| White - British | <input type="checkbox"/> | Asian or Asian British – Bangladeshi | <input type="checkbox"/> |
| White - Irish | <input type="checkbox"/> | Asian or Asian British – Other | <input type="checkbox"/> |
| White - Other | <input type="checkbox"/> | Black or Black British – African | <input type="checkbox"/> |
| Mixed - White and Black Caribbean | <input type="checkbox"/> | Black or Black British – Caribbean | <input type="checkbox"/> |
| Mixed - White and Black African | <input type="checkbox"/> | Black or Black British – Other | <input type="checkbox"/> |
| Mixed - White and Asian | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Mixed - Other | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Asian or Asian British - Indian | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Asian or Asian British - Pakistani | <input type="checkbox"/> | Other (please state below) | <input type="checkbox"/> |
| | | | |

2. REFERRAL DETAILS

Status at Referral: School Further Education Adult

For School/Further Education referrals please provide Unique Identifier Number (if known).....

If applicable, how long have you been unemployed?

Referred By Telephone

Agency E-mail

Do you wish to attend the interview? Yes No

Referral Category: Ethnic Group Disability
 Young Care Leavers Job Retention

Nature of Disability: Learning Difficulties Mental Health Care Programme Approach Level
 (if applicable) Physical Disability (Tick as appropriate) Standard Enhanced
 Sensory Disability Acquired Brain Injury

4. COMMUNICATION

- 4.1 Preferred method of communication
(ie Verbal, Signing, Braille, etc)
- 4.2 Preferred Language

5. PERSONAL HISTORY

- 5.1 Does the applicant have a history of
Violence Yes No
Criminal Behaviour Yes No
Involvement with Drugs/Alcohol misuse Yes No

- 5.2 Please give details of any current work being done to address these areas, include:
 - History of involvement with Drug/Alcohol teams (ie Hospital Admissions, Drinking/Drug usage at time of referral)
 - Details of any criminal convictions

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6. HEALTH AND MEDICAL INFORMATION

- 6.1 GP Name Telephone.....
Address

- 6.2 Please comment on the applicant's health needs or problems and identifying any illnesses and diagnosis. (Physical, Sensory, Learning Disability, Mental Health Issues)

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6.3 Is the Applicant receiving hospital treatment? *(If so, which hospital and who is your specialist?)*

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6.4 Is the Applicant currently on any medication? Yes No
(If YES, what medication, frequency, amount?)

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6.5 Is the Applicant compliant with the medication? Yes No *(If No please give details)*

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6.6 Is the Applicant receiving other treatment/therapy? Yes No *(If Yes please give details)*

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6.7 Would any Medication/Medical condition affect the Applicant's prospective employment or work experience situation? Yes No *(if Yes please give details)*

If already employed, is the Applicant's health situation putting their job at risk?

Yes No

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8. INCOME/FINANCE DETAILS

Current Benefits	✓ as appropriate	Weekly Total £
Income Support		
Income Support Premium(s)		
Severe Disability Premium(s)		
Residential Care Allowance		
Housing Benefit		
Council Tax Benefit		
Incapacity Benefit		
Severe Disablement Allowance		
Disability Living Allowance :- Care (high/middle/low) Mobility (high/low)		
Other Relevant Benefits (may include Tax Credits)		
Current Salary (if in work)		
Total Weekly Benefits		£
Benefits to be claimed:		

