**Via – Islington - IPS into Work – Self Referral Form**

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| --- | --- |
| **Date** |  |

**Personal Details**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | | **First Name** |  | **Last Name** |  | |
| **Address Inc**  **Postcode (optional)** | **Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Contact Number** |  | | | | | | |
| **Email Address** |  | | | | | | |
| **Do you consent to being contacted at this address?** | | **□Yes □No** | | | **Please confirm you are making this referral for yourself?** | | **□Yes □No** |
| **Consent to being contacted via Phone or Email**  **And please tick boxes on the right or if there is an alternative method please note below**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Phone Vibration with solid fill**  **Mobile**  **□Yes □No** | | **Email with solid fill**  **Email**  **□Yes □No** |

**Please let us know which service would interest you the most and tick below**

|  |  |
| --- | --- |
| **Which service are you referring for:** | Information, Advice & Guidance **□** Training/Qualifications **□** Paid Work **□**  Employment crisis **□** Not sure **□** |

**Additional Information**

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| --- | --- |
| **Are there any safety issues that may affect you from gaining employment? Are there any other risks you may have that we need to know about?**  **note concerns to note?** |  |
| **Is there anything else that might be useful for your Employment Specialist to know?**  **(e.g., strengths, employment history, barriers to sustaining employment in the past, training completed, qualifications)** |  |
| **Would you prefer to have a conversation in private to discuss anything that you may not want to disclose on this form** | If yes, please let us know what time/day to make contact that suits you best:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |