**Via IPS into Work – Referral Form**

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| **Referral Date** |  |

**Referrer Details**

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| --- | --- | --- | --- |
| **Name of Referrer** |  | | |
| **Organisation Name** |  | | |
| **Borough**  **(please tick/highlight)** | □Barnet □Brent □ Harrow □Hillingdon □Hounslow  □Ealing □Kensington & Chelsea □Westminster □Hammersmith & Fulham | | |
| **Mobile:** |  | **Email:** |  |

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| **Title** |  | **First Name** |  | | **Last Name** |  | | | | | |
| **Date of Birth** |  | | **Ethnicity** | |  | | | | | | |
| **Client Gender** | Male |  | Female |  | Transgender |  | | Not specified | |  | |
| **Address** |  | | | | | | | | | | |
| **Current Living Situation** |  | | | | | | | | | | |
| **Post code** |  | | **Consent to contact service user at this address?** | | | Yes |  | | No | |  |
| **Landline Number** |  | | **Consent to contact service user on this number?** | | | Yes |  | | No | |  |
| **Mobile Number** |  | | **Consent to contact service user on this number?** | | | Yes |  | | No | |  |
| **Email Address** |  | | **Consent to contact service user on this e-mail?** | | | Yes |  | | No | |  |

**Client’s Personal Details**

**Eligibility**

|  |  |
| --- | --- |
| **Does this client meet the eligibility criteria?** | Yes □ No □ |
| To access the service, they must be:   * Over the age of 18 and living within one of the above specified boroughs. * Have the right to work in the UK. | * Be out of work (unemployed or economically active). * Want to gain paid employment on the open market. * Have, or have had, a drug or alcohol treatment issue. |

**Risk Screen**

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| --- | --- |
| **Are there any safety issues that may affect the client you are referring from gaining employment?** |  |
| **Please state if the client you are referring is under a Community Treatment Order or any Governing Authority** **(MOJ, MAPPA, JIGSAW, Offender Register etc.)** |  |
| **Are there any other risk concerns to note?** |  |

**Further information**

|  |  |
| --- | --- |
| **Is there anything else that might be useful for the Employment Specialist to know?**  **(e.g. strengths, employment history, barriers to sustaining employment in the past, training completed, qualifications)** |  |
| **Have you attached an up-to-date risk assessment (dated within the last 3 months).** | Yes □ No□ |

*Referrals should be sent via a secure email account or using encrypted email, or a password protected document to* [*ipsintowork@viaorg.uk*](mailto:ipsintowork@viaorg.uk)*. If you have any questions, contact 020 3897 7755.*