DurhamEnable Local Supported Employment Referral Form

The DurhamEnable Local Supported Employment offer Supported Employment to people with either/or a learning disability and Autism. The service is for those who would like to gain paid employment.

We can support you to find paid employment. Support is provided prior to gaining work and in-work support is also received. We will also support you with benefit claims, ensuring the correct benefit is received whilst in work. A lot of people are worried of losing benefits they have received all their lives, but it does not mean you will be worse off financially as other benefits can be claimed whilst working and we will work with you to maximise your working hours and financial benefits you are entitled to.

If you require any further information regarding the above or if you have any questions, please get in touch using the email address below. We will be happy to talk through queries or concerns.

In this referral form we will refer to you, as the person requiring support, as the customer or person.

Forward all completed forms and related queries to [durhamenable@durham.gov.uk](mailto:durhamenable@durham.gov.uk)

**PART A – FOR REFERRAL ORGANISATION/PERSON BEING REFERRED TO COMPLETE**

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| \*Customer Name: | | | Referrer Name: | | |
| \*Address: | | | Organisation: | | |
| \*Date of Birth: | | | Job Title/Position: | | |
| Contact Number: | | | Contact Number: | | |
| Email Address: | | | Email Address: | | |
| \*National Insurance Number: | | | | | |
| \*Preferred Method of Communication: | Text | WhatsApp | Phone | Video Call | Email |
| \*What Next? | Contact the person | | Contact the parent/carer/supporter | | Contact the person referring |

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| \*For DurhamEnable to process this referral, the information needs to be stored on a secure database. This is so we know how to contact the person about the service.  Does the person give permission for DurhamEnable to store their information? | Yes |  | No |  |

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| \*Does the person consider themselves to have a learning disability and/or Autism? (The person **does not** require a formal diagnosis) | | | | | | | | | | | | | Yes |  | No | |  | |
| If Yes, please state your **primary** need below (please select one) | | | | | | | | | | | | | | | | | | |
| \*Learning Disability | | | | |  | | | \*Autism | | | | | | | |  | | |
| Mental Health Condition | |  | | Physical Disability |  | | | Learning Difficulty |  | | Other disability | | | | | |  | |
| Please state other disabilities and health conditions below. | | | | | | | | | | | | | | | | | | |
| \*Learning Disability | | | | | |  | \*Autism | | | | | | | | | | |  |
| Mental Health Condition |  | | Physical Disability | | |  | Learning Difficulty | | |  | | Other Disability | | | | | |  |

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| **Please answer the questions below. Please expand on any of these questions with additional comments in the boxes below**   1. Does the person want to gain paid work?   **YES / NO**   1. Would they like to work full-time or part-time?   **16hours+ / Less than 16hours / Volunteer work**   1. Are the Parents/Carers/Others aware and supportive of their decision to work?   **YES/NO**   1. Is the person an independent traveller?   **YES/NO**   1. Has the person got work experience in either paid or unpaid work?   **YES/NO**   1. Is this person going through any important events that may affect work or engagement of service - moving house, assessments etc?   **YES/NO**   1. Does the person have qualifications in literacy, ICT, and numeracy?   **YES/NO**   1. Is there anything we should know about how the person communicates?   **YES/NO**   1. How early is it reasonable to start looking for work?   **Month 1 – 3 / Month 3 – 6 / 1 Year**   1. Are there any risks associated with this person? (does not impact participation on service)   ***e.g. self-harm or harm others, convictions, warnings, cautions, regular seizures***  **YES/NO** |
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| **Employment goals and aspirations** |
| What are the person’s hopes and dreams for employment? Is the person motivated to find work? What motivates the person to get a job? |
| What support would the person require to fulfill these hopes and dreams? This could include support needs around health and disability you think are needed to find work and in work. |

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| Qualifications, training, and employment history |
| Can you provide some examples of qualifications or training that the person may currently have? Include any that are planned in the future. |
| Please provide examples of employment history including relevant work experience and volunteering opportunities. |
| Please provide details of support received from other organisations that offer employment support such as DurhamWorks, Job Centre Work Coaches etc? |

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| Welfare Support | | |
| **Current Benefits** | **In receipt of benefit** | |
|  | Yes | No |
| Job Seekers Allowance (JSA) |  |  |
| Employment Support Allowance (ESA) |  |  |
| Universal Credit (Replaces income-based JSA, income-related ESA + income support) |  |  |
| PIP – Daily Living part |  |  |
| PIP – Mobility part |  |  |
| Other (Please state): |  |  |
| How long has the person been unemployed for?  0-2 Months | 2-4 months | 4-6 months | 6-12 months | 12+months | | |

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| **Independence & Stability** |
| Please give some examples of levels of independence which may include travel skills, daily living skills and money skills. Current risk assessments, day-to-day patterns, housing, current income, relationships, drugs, and alcohol misuse. |

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| **Current Supporters** |
| Please give details of any other professional or community organisations that are currently involved with the person, this may be to support health needs, social needs, or daily living support. |
| Please add any further information which would help us provide the right support, including challenges and perceived barriers to employment - childcare, health & underlying mental health conditions, age, loss of benefits, criminal records, behaviour, or actions which become a barrier to or in work. Please provide us with more information on health and support needs if relevant. |
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**\*Signatories – please date when this form was completed.**

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| Signed Referrer | Print | Date |
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**PART B – DURAMENABLE TO COMPLETE WITH PERSON BEING REFERRED**

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| Date of Referral: | | | | | |
| DurhamEnable Representative: | | | | | |
| **Details of Person** | | | | | |
| Title: | Forename(s): | | | Surname: | |
| DOB: | | Age: | Gender: | | |
| Address: | | | | | Postcode: |
| National Insurance Number: | | | | | Nationality: |

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| **Ethnic Group – Choose one option that best describes your ethnic group or background** | | | |
| White - English/Welsh/Scottish/Northern Irish/British |  | Asian/Asian British - Bangladeshi |  |
| White - Irish |  | Asian/Asian British - Chinese |  |
| White – Roma/Gypsy/Irish Traveller |  | Asian/Asian British - other |  |
| White –other |  | Black/African/Caribbean/Black British - African |  |
| Mixed/multiple - White and Black Caribbean |  | Black/African/Caribbean/Black British - Caribbean |  |
| Mixed/multiple - White and Black African |  | Black/African/Caribbean/Black British other |  |
| Mixed/multiple - White and Asian |  | Other ethnic group - Arab |  |
| Mixed/Multiple – other |  | Other ethnic group - Other |  |
| Asian/Asian British - Indian |  | Do not wish to provide |  |
| Asian/Asian British - Pakistani |  |  |  |

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| **Declaration:** I declare that to the best of my knowledge the information I have given is correct and give consent for my personal details to be stored securely and retained in compliance with the General Data Protection Regulation (GDPR) 2017.To find out more information about how and why we collect information about you, how to correct things that are wrong and how to object to your data being used please visit our website <https://durhamenable.info/news/> to access the privacy statement for the DurhamEnable | |
| **Person Name:** | **Date:** |
| **DurhamEnable Representative:** | **Date:** |