DurhamEnable Referral Form

Website [www.durhamenable.info](http://www.durhamenable.info/) Telephone 03000267682

Email DurhamEnable@durham.gov.uk

This document is available in an easy read format where required. If you have any questions or need further support completing this form, please get in touch with us on the detail shown above. We will be happy to talk through queries or concerns.

Forward all completed forms and related queries to durhamenable@durham.gov.uk

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| Personal details.(Please provide details of the person you would like to refer) |
| Name: |  |
| Preferred name:(If different from above) |  |
| Preferred pronouns: (He/she/they/prefer not to say) |  |
| Address: |  |
| D.O.B: |  |
| Contact Number: |  |
| Email Address: |  |

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| Referral partner details. |
| Referrer name: |  |
| Organisation: |  |
| Contact Number: |  |
| Email Address: |  |

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| Who would you like us to contact about your referral? |
| Yourself[ ]  | Someone who can speak for you.(Please provide details below)[ ]  |
| If someone else, please provide their contact details.(This should be someone you trust and who can talk about your health) |
| What is your preferred method of communication? |
| Text[ ]  | Telephone call[ ]  | Email[ ]  | WhatsApp [ ]  |
| Video Call[ ]  | Other (please provide details) |

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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 jobseekers about the service. All information is stored securely and retained in compliance with the General Data Protection Regulation (GDPR) more information can be found by visiting [www.durham.gov.uk/dataprivacy](http://www.durham.gov.uk/dataprivacy)  |
| Does the person give permission for DurhamEnable to store their information? | Yes[ ]  | No[ ]  |

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| DurhamEnable is a supported employment service; we support people who have a range of disabilities and/or health conditions such as Learning difficulties, Learning Disabilities, Mental Health conditions, physical and/or sensory impairments, Neurodiversity, or other health conditions. |
| Which of the below statements applies to you?Please tick all that apply. |
| Learning Difficulty[ ]  | Learning Disability[ ]  | Autism/Neurodiversity[ ]  |
| Mental Health Condition[ ]  | Physical and/or sensory impairments[ ]  | Health condition[ ]  |
| Other disability: (please describe) |

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| How early is it reasonable to start looking for work?Please select one of the following. |
| 1-3 months[ ]  | 3-6 months[ ]  | 1 year or more[ ]  |

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| As a supported employment service, we can offer you a range of support.Which of the following can we support you with?Please tick all that apply. |
| Employment[ ]  | Volunteering [ ]  | Education[ ]  |
| Training [ ]  | Self-employment[ ]  | Personal & social development [ ]  |
| Skills development [ ]  | Other[ ]  |  |
| If other, please state below: |

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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): |
| **Labour Market Status:**How long has the person been unemployed for?  |
|  |
| Is the person actively searching for work? |
| Yes[ ]  | No[ ]  | Unknown [ ] [ ]  |

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| Please highlight any risks associated with this person.(e.g. Self-harm, risk to self, risk to others, criminal convictions, warning, cautions, regular seizures, medical needs.) |
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| Please use the space below to provide any information you think we need to be aware of. (e.g employment history, current support network, health condition, risks) |
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**Signatories**

|  |  |
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| Signed by referral partner. | Date completed: |
|  |  |

**Please note:** We may ask for further details regarding the jobseeker’s health/disability at a later stage, please do not send these details at this stage (including care and support plans/EHCPs)