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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Access Progress ESOL** | | | | | | | | | | |
| **External Referral Form** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Referrer Details** (if self-referring only complete Client Details) | | | | | | | | | | |
| **Organisation:** |  | | | **Contact Name:** |  | | | | | |
| **Date of Referral:** |  | | | **Contact Details:** |  | | | | | |
| **Client Details** | | | |  | | | | | | |
| **Client Name:** |  | | | **Gender:** |  | | | | | |
| **Client Address:** |  | | | **Postcode:** | EH | | | | | |
| **Client Phone No:** |  | | | **Client e-mail:** |  | | | | | |
| **Date of Birth:** |  | | | **N.I. Number:**  (Not for DWP referrals) |  | | | | | |
| **Does your client want to move into education, training or employment?** | | | | | | **Yes** |  | **No** |  | ⮋ |
| **If ‘No’, why do you think a referral to the Access Progress ESOL for Employability Skills course would be appropriate for your client?** | | | | | | | | | | |
| To maintain the quality of service for clients Access Progress reserves the right to decline referrals or refer on to a more appropriate service | | | | | | | | | | |
| **Reason for referral and assistance required:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **What would the client like to get out of our support?:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Essential Criteria** *(Must tick three)* | | | | | | | | | | |
| Parent/Guardian | | Unemployed | Living in Edinburgh | | | | | | | |
| **Additional Criteria** *(tick all that apply)* | | | | | | | | | | |
| Lone Parent | | Has a disability | Has a disabled child | | | | Aged under 25 | | | |
| Has 3 or more children | | Youngest child under 1 | Minority ethnic background/BAME | | | | | | | |
|  | | | | | | | | | | |
| **Forms can be returned to:**  [**helenmurray@accesstoindustry.co.uk**](mailto:helenmurray@accesstoindustry.co.uk) **or** [**rachaelhessey@accesstoundustry.co.uk**](mailto:rachaelhessey@accesstoundustry.co.uk) | | | | | | | | | | |