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| **Access Progress ESOL** |
| **External Referral Form** |
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| **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:** |
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| **What would the client like to get out of our support?:** |
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| **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 |
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| **Forms can be returned to:****helenmurray@accesstoindustry.co.uk** **or** **rachaelhessey@accesstoundustry.co.uk** |