



Employability Pembrokeshire  
Cyflogadwyedd Sir Benfro

**FOR COMPLETION BY EMPLOYABILITY PROJECT ONLY**

Feedback e-mailed / provided to referrer :				
Date feedback provided:				
Feedback provided by:				
PaCE identified as appropriate:				
<b>Outcome:</b>	Contacted	<input type="checkbox"/>	Not eligible	<input type="checkbox"/>
	Declined support	<input type="checkbox"/>	Unable to contact	<input type="checkbox"/>
PCC EP RF version 1 June 2020				

## EMPLOYABILITY PEMBROKESHIRE REFERRAL FORM

*I declare that the information provided is correct to the best of my knowledge.*

<b>Referrers Name:</b>			
<b>Organisation / Service</b>		<b>Signature:</b>	
<b>Email:</b>		<b>Date of referral:</b>	

**Participant Contact Details**

<b>Name:</b>			<b>Date of Birth:</b>	
<b>Address:</b>				
		<b>Post Code:</b>		
<b>Contact Number:</b>		<b>Preferred Language:</b>		
<b>Email:</b>		<b>N.I. Number:</b>		

Name / details of current and previous benefit in the last 12 months	Claimed from / to ( Month / Year )

<b>If applicable Universal Credit Labour Market Regime:</b>		
<b>Currently on Work &amp; Health Programme:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Is their Work &amp; Health Programme referral: Voluntary <input type="checkbox"/> or Mandatory <input type="checkbox"/></b>

**Details of support:** *(how long has your organisation supported the individual, What support is required and why)*

**Please provide details of any known employment (including zero hour contract):**

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<b>Length of unemployment:</b>		<b>Is participant actively seeking work?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Barriers to employment: (please tick any that apply)**

<b>All ages</b>			<b>Under 25's only</b>
<b>Childcare</b> <input type="checkbox"/>	<b>Lack of experience in work</b> <input type="checkbox"/>	<b>Low or no skills</b> (QCF L2 or below)	<b>Not in employment education or training (NEET)</b> <input type="checkbox"/>
<b>Health or Disability</b> <input type="checkbox"/>	<b>Caring responsibilities</b> <input type="checkbox"/>	<input type="checkbox"/> (e.g. GCSE)	

We are committed to protecting your personal information and complying with the General Data Protection Regulations (GDPR) & Data Protection Act 2018. We only ask for information we need to help provide you with up to date, impartial information, advice and guidance and to assess which employability project is most suitable for you. The relevant employability project that contacts you to offer support will issue you with a copy of their privacy notice on enrolment. The information provided by you will be held securely and retained in line with Pembrokeshire County Council Document Retention Policy and/or WEFO Document Retention Guidance, which can be accessed on the Welsh Government website '[WEFO Eligibility rules](https://www.pembrokeshire.gov.uk/privacy-promise/departmental-privacy-notice)' For more information on how we use your information and your rights visit <https://www.pembrokeshire.gov.uk/privacy-promise/departmental-privacy-notice>

I agree that my information can be shared with local employability projects managed by Pembrokeshire County Council.

<b>Name:</b>	
<b>Signature:</b>	<b>Date:</b>

**Employability Referral Form Completion Notes**

- i. Referrer to identify that participant requires additional support from an employability project relevant to the individual needs of the participant.
- ii. Referrer to explain to participant that a referral form will be completed, containing the participant's personal information and participant to sign hard copy of referral form to give permission to share their information with local employability projects.
- iii. Signed referral form to be either scanned and securely emailed to [employability@pembrokeshire.gov.uk](mailto:employability@pembrokeshire.gov.uk) or returned via post to Employability Pembrokeshire, 19 Old Bridge, Haverfordwest, Pembrokeshire, SA61 2EZ.
- iv. The Employability Referral form will be deemed as evidence of benefit status and retained by relevant project worker with other eligibility evidence requirements as stipulated for each employability project.
- v. The triage process will ensure all referrals received are recorded to include which employability project participant assigned to and rationale for decision.
- vi. The selected employability project will return feedback to the referrer with the outcome of which programme the client has been placed in.

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Based on the information supplied the participant has been referred to the following employability project:-

CfW  Workways+ LTU  Tackling Poverty Pembs  Experience for Industry (u25's)   
 STU   
 Cam Nesa (u25's)  Traineeships (16-19)  CfW+ (if not eligible for any ESF support)

If referred to other support please specify.....

