

New Directions Referral Form

Client Details:

Title	First Name:	Surname:	DOB:	National Insurance Number:
Contact address:			Emergency Number & Name:	
Postcode:				
Phone:	Email address:		Ethnicity	Male / Female

Referral Service Details (if applicable):

Referrer name:	Referral service name and address:
How did you hear about this course?:	
Phone:	Email address:

Further Client Information:

Are you a BCHA tenant? Yes No

How did you hear about this course?

What is your employment status?

Unemployed and looking for work
 Unemployed and not looking for work

Employed less 16 hours per week
 Employed for 16 – 19 hours per week
 Employed for 20 hours or more per week

Please return completed form to: **BCHA Employability, Skills & Wellbeing**

 21 Christchurch Road, Bournemouth BH1 3NS

 01202 410500  newdirections@bcha.org.uk



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Are you currently in receipt of any of the following benefits ?

- | | | |
|--|--|---|
| <input type="checkbox"/> JSA | <input type="checkbox"/> ESA (WRAG) | <input type="checkbox"/> Universal Credit |
| <input type="checkbox"/> Other benefit | <input type="checkbox"/> Not on benefits/economically inactive | |

Do you have any formal qualifications and at what level?

- No formal qualifications Entry Level Level 1 Level 2 Level 3 or above Unsure

Do you have any specific needs that you feel we may need to be aware of?

- Physical Health Details:
- Mental Health Details:
- Medication Details:
- Learning Difficulties Details:

Are there any issues that may restrict your engagement or concerns that the New Directions Team should be aware of in order to support you? Please make reference to your health and any offending behaviour, if applicable.

The information I have given on this form is accurate.

Signature (client or referrer)

Date:

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