

Please send this referral form to
randwemployment@choicesupport.org.uk

Disclaimer:

Please note that we accept referrals for people with learning disabilities, autism, adhd, sensory impairment, physical disabilities, a mental health need or other Care Act Eligible Needs. We can provide Information, Advice and Guidance, Personalised Employment Support and Employer Support. If we are unable to support your specific needs, we will let you know and signpost you to more appropriate help and support.

Client Name:
Address:
Date of Birth:
National Insurance Number:
Has the Right to work in this country
Contact number:
Email address:
Preferred method of contact and preferred time:

Referrer's Name:	Date of Referral:
Address / Organisation Address:	
Job Title:	
Contact Number:	
Email:	
Has a Risk Assessment been completed, and a copy attached to this referral?	Yes / No
Is the person under adult social care?	Yes / No
If applicable, please attach a copy of the individuals Care and Support Plan	Yes / No

Please help us to understand the person's needs more fully by ticking the relevant box / boxes below			
A learning disability		A sensory impairment	
Autism		Hearing	
A physical disability		Sight	
A mental health condition		ADHD	
Other	Please state the name of disability		

Reason for referral

Does this person want to get a Job, do they know what type of Job they would like (if yes please explain), does this person want to work Full Time, Part Time or do they want to Volunteer, does this person need to find a job within a specific timeframe etc. Please also include a full description of the person's disability and impact it has on them.