

**ENABLE Works – Referral**

**Next Steps**

**Please complete all sections and return the form to us at:**

**ashley.nicholson@enable.org.uk**

 **Your Details**

|  |  |
| --- | --- |
| Full name: |  |

|  |  |
| --- | --- |
| Address:(including Postcode) |  |

|  |  |
| --- | --- |
| **Telephone no:**(home and mobile) |  |

|  |  |
| --- | --- |
| **NI Number:** |  |

|  |  |
| --- | --- |
| **Date of birth:** |  |

|  |  |
| --- | --- |
| **Email:** |  |

**Do you want employment support? (tick the answer)**

**Yes** [ ]  **No** [ ]

**Do you have a support need? (tick one or more)**

|  |  |  |  |
| --- | --- | --- | --- |
| Acquired Brain InjuryLearning DisabilityMental HealthVisual Impairment  | [ ] [ ] [ ] [ ]  | Autism/Asperger Syndrome Hearing Impairment Physical DisabilityOther | [ ] [ ] [ ] [ ]  |

**Did you get help to complete this form? Or are you referring this person to our service with their permission? If so, please enter the details of the supporter/refer below.**

|  |  |
| --- | --- |
| Full name: |  |
| Relationship to you: | ParentSupport WorkerDWP advisorTeacher  | [ ] [ ] [ ] [ ]  | CarerSocial WorkerCPN/GP/Nurse/OTCareer’s Advisor | [ ] [ ] [ ] [ ]  |
|  | **Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| Organisation: |  |
| Telephone no: |  |
| Email: |  |

**Declaration**

I confirm that I am happy for ENABLE Works to hold the information given in this form in order to provide me with an employability service. I understand that, should I not be accepted into the service or decide not to use the service, this information will be deleted**.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Signed:** |  |
| **Date:** |  |