**Enrych Referral Form : Employability Services**

**At Enrych we work alongside adults living with disabilities, neurodiversity and long term health conditions to enable them to live the lives they choose. One of the services we provide is Employability support. We help identify skills needed to assist with individuals looking for work, as well as encourage confidence with peoples strengths and areas they want to improve in.**

**If you would like Employability support from Enrych, we do need to collect some information in order for us to make sure we are providing the most appropriate support to meet your needs, so the more detail you can give us the better we can do this.**

**All information is treated confidentially.**

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| Preferred Title: …………………………………………………………………………………………………………………  First Name: ………………………………… Surname: ……………………………………………………………….  Address: ……………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………….  Telephone: Home: …………………………………… Mobile: ……………………………………………………  Email address: …………………………………………………………………………………………………………………..  Preferred contact method: Email Phone SMS Text  Other contact details:  Name: ………………………………………………………………………………………………………………………  Telephone: ……………………………………………… Email: …………………………………………………. |

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| **Please tell us how your disability or health condition affects you on a day to day basis:** |
| **We want to make sure we provide you with the most appropriate support to meet your needs and help you achieve your outcomes. Please therefore tell us what you want to achieve from your Employability support (eg to be able to confidently search and apply for jobs) and what support you need to do this.**  **Do you have any work experience already? If so, what are you able to tell us more about this?**  **Are you able to travel for employability sessions, within the local area?**  **Have you had any support for Employability before, and if so, can you tell us some more about this?** |

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| **Referrer Details (if relevant)?**  Name: ………………………………………………… Title: ……………………………………………………………….  Tel No: ……………………………………………….. Email: …………………………………………………………….. |

**Once complete please return this form by email to coalvilleoffice@enrych.org.uk**

**For queries please call: 01530 832926**