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**Referral Form for West of England Works

Participant Information**

Please fill in the below information about the participant (or yourself if you are self-referring).

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Age |  | Gender |  |
| National Insurance (if known) |  |

|  |  |
| --- | --- |
| Address |  |
| Email Address |  | Mobile Number |  |

|  |  |
| --- | --- |
| Do you have any special requirements? e.g. accessibility | [ ]  Yes [ ]  No |
| Please describe your requirements:  |
|  |

**Eligibility Criteria**

Please note that all three boxes must be ticked to be eligible for the West of England Works project.

|  |  |
| --- | --- |
| I confirm: | [ ]  I have a legal right to live and work in the UK [ ]  I am unemployed (not in paid work on any kind)[ ]  I am not currently in training or education |

*Please see over.*

**Referrer Information**

If you are an organisation referring a participant to us, please provide the details below.

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation |  | Contact Person |  |
| Email Address |  | Phone Number |  |
| Please provide any relevant details or reasons for the referral: |
|  |
| Please outline any known associated risks:  |
|  |

**Please send completed forms to westofenglandworks@southmead.org or to West of England Works, Greenway Centre, Doncaster Road, Bristol, BS10 5PY.**