

Language and Employability Hub Referral form



Unique identification number if applicable.

To: Project Co-ordinator
Language and Employability HUB
Methodist Central Building
Manchester M1 1JQ
Phone number: 07816963344

From: <i>Provider's contact name and address</i>
Motiv8 Hub....
Key worker:
Phone number

Date of Referral	
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Clients Motiv8 Reference Number	
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Section 1: Individual's Details

Method of referral	Prime referral	<input type="checkbox"/>	Secondary Referral	<input type="checkbox"/>
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Has a referral form previously been submitted for this person?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Title	<input type="text"/>
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Any benefit? If yes which one?	<input type="text"/>
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Forename / Other names	<input type="text"/>
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Surname	<input type="text"/>
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Address	<input type="text"/>
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Postcode	<input type="text"/>
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Phone number	<input type="text"/>
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Email address	<input type="text"/>
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Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Ethnicity (tick one)	Black or British Caribbean	<input type="checkbox"/>	Mixed: White and Black Caribbean	<input type="checkbox"/>	Asian or Asian British: Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
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White: British	<input type="checkbox"/>	Black or British African	<input type="checkbox"/>	Mixed: White and Black African	<input type="checkbox"/>	Asian or Asian British: Pakistani	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
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White: Irish	<input type="checkbox"/>	Black or British Other	<input type="checkbox"/>	Mixed: White and Asian	<input type="checkbox"/>	Asian or Asian British: Bangladeshi	<input type="checkbox"/>
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White: Other	<input type="checkbox"/>	Mixed: Other	<input type="checkbox"/>	Asian or Asian British: Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Substantial/long term impairment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, please state	<input type="text"/>
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Country of origin	<input type="text"/>	Main language (s)	<input type="text"/>
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How long in the UK?	<input type="text"/>
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Will your client require assistance completing a registration form?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Will you or a colleague be accompanying your client to the appointment? if 'yes' please indicate name of the Key worker and contact number:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Support required	ESOL Pre-entry	<input type="checkbox"/>	ESOL Conversation Level	<input type="checkbox"/>	Numeracy and IT	<input type="checkbox"/>	Befriending	<input type="checkbox"/>
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Citizenship	<input type="checkbox"/>	Look for jobs online	<input type="checkbox"/>	Work experience / Volunteering placements	<input type="checkbox"/>	Skills, business advice	<input type="checkbox"/>	Any other	<input type="checkbox"/>
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If other, please state:	<input type="text"/>
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Section 2: Safe Data handling

Storing personal information

By signing this form, you (client):

- allow Migrant Support to store your basic personal information included on this form safely and if applicable to make a referral to another partner or government bodies as permitted by law.

How we collect and use information

The information we collect about you and how we use it depends mainly on the reason for your relation with us. We may use it for other purposes which include:

- additional training and workshops available for you
- Implementation of safeguarding policies
- planning additional support.

We may also use the information you give us to

- find out how LEH is benefiting you and how the progress is been made throughout the project.

To find out more about how we use information, contact MIGRANT SUPPORT staff.

Individual's Declaration to be completed after the participant has read Section 2

The information I have provided is current and correct to the best of my knowledge and will be used by Migrant Support to register me and/or my family:

Do you want to participate?

Yes / No

I agree that my information can be used to qualify myself and other members of my family to join this LEH provision.

Yes / No

- I understand that the information may be used for other purposes relating to the work of Migrant Support.
- Some information may be given to other government bodies as permitted by law
- I have been informed and understand that the activity delivered by Migrant Support Language and Employability project is funded by ESF BBO

Individual's signature

Date

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Section 3: Monitoring – to be completed only by the Motiv8 key worker

Initial Stage: Please comment on any relevant information on requirements or urgent support needed by the beneficiary, Eg: extreme isolation, lack of confidence, inability to communicate in English, victim of domestic violence, human trafficking or exploitation, etc.

Name Motiv8 key worker

Date

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Section 4: LEH only staff MIGRANT SUPPORT

Initial stage: Actions taken:

Form Processed by (Name)

Date

 / /

Form Processed by (Signature)

Section 5: LEH only staff MIGRANT SUPPORT

Middle Stage: Please comment on beneficiary's progress

Form Processed by (Name)

Date

 / /

Form Processed by (Signature)