|  |  |  |
| --- | --- | --- |
| Referral Date: | Referral organisation: | Referral to: |
| Form completed by: | Contact number: | Email address: |

**Referral Form**

**Participant contact information**

|  |  |
| --- | --- |
| **Client Name** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Contact number and/or email address** |  |
| **Best time to contact?** |  |

**Criteria details for referral**

|  |  |
| --- | --- |
| **Is the client 15 and at risk of becoming NEET?** | **Yes No** |
| **Is the client over 16?** | **Yes No** |
| **Is the client doing any paid employment, or on a zero hours contract?** | **Yes No** |
| **Is the client currently looking for paid employment? This is to help us understand whether the client is ‘unemployed’ or ‘economically inactive’** | **Yes No** |
| **Is the client enrolled on another Building Better Opportunities (BBO) project** | **Yes No** |
| **Reason for referral (money triggers and/or key life changes (please tick all that apply)**  Ending of custodial sentence  Entering hostel/supported housing  Having a baby  Impacted by Local Housing Allowance changes  Learning needs impacting ability to manage money/access services  Leaving care  Loss of earned income  Mental health needs impacting on ability to manage money/access services  Moving into social housing for the first time  Moving onto Universal Credit  Physical health needs impacting on ability to manage money/access service  Sanctioned by DWP  Subject to Overall Benefits Cap  Subject to Under Occupancy Charge  Unable to pay priority bills including rent | |

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| **Any further information:** |

**Where did you hear about us? ………………………………………………………………….**

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| **Eligibility Statement**  I confirm that to the best of my knowledge the person I am referring is able to live and work in the UK and is not currently doing any work, included permitted work and they are not on a zero hours contract. If they are under 16 I confirm that they are at risk of becoming NEET (Not in Education, Employment or Training). |
| **Referrer signature : Date:** |

|  |  |
| --- | --- |
| **Referral Consent**  I am happy for my details to be passed to the New Horizons project. I understand that the details on this form will be held on an electronic database accessible by New Horizon partner organisations. I confirm that I am able to live and work in the UK and am not currently doing any work, included permitted work and I am not on a zero hours contract. | |
| **Client signature:** | **Date:** |

**This section to be completed by New Horizon project**

|  |  |
| --- | --- |
| **Date referral received** |  |
| **Date Participant Contacted:** |  |
| **Referred onto next stage** | **Yes No** |
| **Details entered on MIS** | **Yes No** |
| **ID number (from MIS)** |  |