|  |  |
| --- | --- |
| Please return completed form by post ( address above) | or e mail SET@brighton-hove.gov.uk |

* Please give as much detail as possible - incomplete forms may be returned to you

About you (the person being referred):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: Mr Mrs Miss Ms Other (please specify): | | | | |
| First name: |  | Surname: | |  |
| Address: |  | National Insurance Number: | |  |
| Postcode: |  | Date of Birth: | |  |
| Telephone: |  | Email: |  | |
| Mobile: |  |

Do you have specific requirements regarding contact with our team (e.g. physical access, interpreter)?

Who would you like us to contact when we are ready to make an appointment with you (e.g. yourself, support worker, carer, etc.)?

How would you prefer us to make contact? (Please tick or delete)

* Phone
* E mail
* Letter
* Text

Do you consider yourself to have any of the following? ( tick or delete)

* Learning Disability
* Autism/Asperger Syndrome
* Long term mental health condition
* Another long term disability or health condition ( please explain)

What care and support services do you currently receive?

Do you receive any support to look for employment?

Are you in receipt of any of these out-of-work benefits? (Please tick or delete)

* ESA (Employment Support Allowance)
* Universal Credit
* JSA (Job Seekers Allowance)
* None of the above

**About your employment support needs:**

Why do you need support with work? (e.g. how does your disability or long-term health condition prevent you from finding or keeping employment)?

What sort of work have you done in the past (paid or unpaid) and what support did you have with that work?

Is there any other information we need to know before meeting with you?

Thank you for providing this information. Please sign the declaration below.

**Declaration:**

I have agreed to this referral and agree to have my information shared with organisations that fund the Supported Employment Team, including Brighton & Hove City Council and Adult Social Care and Job Centre Plus:

**Your signature:**

**Date:**

If someone is helping you make this referral please give that person’s details:

|  |  |
| --- | --- |
| Name: |  |
| Organisation: |  |
| Job Title: |  |
| Contact Details: |  |