Case Number:

|  |
| --- |
| PLEASE EMAIL THIS FORM TO SOLACE WOMEN’S AID ADVICE SERVICE TO MAKE A REFERRAL Email: d.ion@solacewomensaid.org Telephone: 02076191362 |

SOLACE WOMEN’S AID LEAP into Work FORM

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| --- |
| FOR ADVICE SERVICE USE ONLY |
| Date:  | Time: |
| Length of Contact: | Key Worker’s Name: |
| Consent - Have you discussed consent to share information with specified third parties with service user? Yes /NoConsent given to share information? |

DATA PROTECTION STATEMENT

Please ensure that the Service User is aware that the information gathered and included in the Referral Form is confidential to SWA and will be kept on file. This information will be shared with others within SWA on a need to know basis and will only be disclosed to third parties without the consent of Service Users, if there is a significant risk of harm to a child or an adult.

SERVICE USER’S DETAILS (LEAP into Work Programme)

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Known As: |  |
| DOB: |  | Age: |  |
| Address: Borough of Residence/ Sheltered/ Temporary Accommodation: | **Barnet/ Haringey / Enfield**  |
| Is it safe to send letters? | YES/NO |
| Home telephone No.: |  | Is it safe to call? | YES/NO |
| Safe to leave messages? | YES/NO |
| Mobile No.: |  | Is it safe to call? | YES/NO |
| Safe to leave messages? | YES/NO |
| Work telephone No.: |  | Is it safe to call? | YES/NO |
| Safe to leave messages? | YES/NO |
| E-mail address |  |  | Safe to e-mail | YES/NO |
| Ethnicity:  |  |  Immigration Status: |  |
| Interpreter required?  | YES/NO | If YES, which languages? |  |
| Sexual orientation? Bi-sexual/ Heterosexual / Lesbian/ Transgender/ Prefer not to say |
| Religion? |
| Do you have dependents - Children? Yes/ NoAre you a Lone Parent? Yes/ No |
| Do you consider yourself to have a Disability? Yes/ No/ Do not wish to disclose such information |
| What requirements will you need to attend the programme?   |

REFERRER’S DETAILS/ Key Worker (LEAP into Work Programme)

|  |  |
| --- | --- |
| Referral Agency : | Solace Women’s Aid |
| Contact Name: |  |
| Position: |  |
| Address: |  |
| Telephone Number: |  |
| Fax Number: |  |
| Email:  |  |
| How long has this woman been accessing your service? |  |
| Is the Service User aware of this referral? |  |
| Are you aware of any risks (either to self or staff) associated with this woman? | If Yes, please provide details.  |
| Which borough does the Service User live in? |  |

SERVICE AWARENESS INFORMATION (LEAP into Work programme)

How did the Service User or Referral Agency hear about SWA services?

□ Leaflet, poster or publication (please provide details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Word of mouth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Housing Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Agency (please provide details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other SWA service (please provide details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Website (please provide details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other (please provide details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IMMIGRATION

|  |  |
| --- | --- |
| What is the Service Users immigration status? |  |
| How long has the Service User lived in the UK? |  |
| Is the Service User receiving any support (including legal) regarding her immigration status? | If YES, please provide details |

RIGHT TO WORK IN THE UK

|  |  |
| --- | --- |
| Is the Service user having the right to work in the UK? | If YES, please provide details |
| Is the Service user having a NI? | If YES, please provide details |
|  | If NO, please provide details |

EMPLOYABILITY STATUS:

|  |  |
| --- | --- |
| Is the Service user in employment? | YES/ NO*Candidates working less than 8 hours per week are eligible to enrol onto the programme.*  |
| If YES, How many hours does the service user work per week? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Is the Service user registered for JSA in the specified boroughs? | YES/ NO*Service users working 16 hours per week can still claim JSA.* |
| If YES, How many hours does the service user work per week, if applicable? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Is the Service user registered for ESA in the specified boroughs?  | YES/ NO*Service users working less than 8 hours per week are eligible to enrol onto the programme.* |
| If YES, How many hours does the service user work per week, if applicable? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

FOLLOW UP INFORMATION – Please detail any outstanding work required

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Please note: The Leap into Work programme is supplementary to other services provided by Solace Women’s Aid.