**Charity No: SCO4414**

**From Seed to Plate**

A course in skills building leading to increased employability and independent living

**Referral Form**

(Please complete in full). Any questions contact, Marianne, or Zora at MCCI on 01592 719422

Referrers Details

|  |  |
| --- | --- |
| Referrers Name: | Referral Date: |
| Organisation: | Email Address: |
| Position: | Carer/Support member: |
| Contact No: | Preferred Contact Method: |

Customer Details

|  |  |
| --- | --- |
| Name: | DOB: |
| Address: | Contact No: |
| Postcode: | Email address: |

Barriers to employability/Independent living (Please tick all the boxes that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Looked after person |  | Long term unemployed |  |
| Living with long term physical illness |  | Unable to work |  |
| Living with a learning difficulty |  | Employment Deprived Area |  |
| Living with mental health issues |  | Underemployed |  |
| Low skilled |  | Low income household |  |
| Living in a jobless household |  | Lack of Communication |  |

Is the person being referred receiving support from any other groups at this time? If yes, who?

|  |
| --- |
|  |

Reason for Referral - Please describe why you have made the referral, and what benefits you feel it will have?

|  |
| --- |
|  |

What if any, support is required?

|  |
| --- |
|  |

Referred person consent, has the young person consented to the information being shared?

|  |  |
| --- | --- |
| Yes | No |

If no, give a reason to support your answer

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Referrals Signature:  | Date: |

Office use only

|  |  |
| --- | --- |
| File Closed Date: | Reason: |

Please return the form to

mcciprojects@outlook.com

Marianne O’Neill/Zora Tamas

Project facilitators – Seed to Plate