Logo

Description automatically generated

**Referral Form - Pre-Academy**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | | **First Name** | | | |  | | | | **Middle Name** | | | | |  | | |
| **Surname** | | |  | | | | | | | | **Date of Birth** | | | | | \_\_\_/\_\_\_/\_\_ | | |
| **Address Line 1** | | |  | | | | | | | | | | | | | | | |
| **Address Line 2** | | |  | | | | | | | | **Postcode** | | | | |  | | |
| **Tel. No**. / **Mobile** | | |  | | | | | | | **E-mail** |  | | | | | | | |
| **Ethnic Origin** | | |  | | | | | | | | **Nationality** | | | |  | | | |
| **Gender** | | | Male | |  | Female | | | |  | **Entry to the UK** | | | | | | \_\_\_/\_\_\_/\_\_ | |
| **National Insurance No.** | | | | |  | | | | | | | | | | | | | |
| **Disability** | | | No | |  | Yes | | *(specify)* | | | | | | | | | | |
| **Main Language Spoken** | | | | |  | | | | | | | | | | | | | |
| **Other Languages Spoken** | | | | |  | | | | | | | | | | | | | |
| **Level of English Skills** | | | | | Speaking | | | |  | | | | Listening | | | |  | |
|  | | | | | Reading | | | |  | | | | Writing | | | |  | |
| **Right to Work** | | Visa | |  | **EUSS Status** | | | | Pre-Settled | |  | Settled | | |  | | COA – awaiting decision |  |
| **Employment Status** | | | | Unemployed | | | |  | Employed – 0 hours | | | | |  | Employed - temporary | | |  |
| **Details of Employment**  **(Where/work pattern/when**  **contract due to end)** | | | |  | | | |  |  | | | | |  |  | | |  |

**Consent given for Referral – yes/no**

**Name of Referring Agency: Name of Referrer:**

**Date of Referral:**