

 **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:**