

Referral Form

Confirmation of Westminster residency Yes No

Name: _____

Address: _____

Telephone number: _____

Email address: _____

Why do you want to join the programme?

What do you hope you hope to achieve from accessing the programme

How did you hear about the programme?

Social media (Westminster) Social media (Morgan Sindall Property Services)
 EDAC Job Centre Other (Please state) _____

If third party referral, please confirm you have written consent from the client to be contacted in relation to this Yes No

Employment / Volunteer experience

Please provide brief details of any employment/voluntary experience

Availability

Please provide details of any dates/times to avoid

Additional support

Please provide details of any additional support required e.g. IT equipment

Diversity and Inclusion

Disability

- Disability or impairment but would prefer not to specify
- No Disability or Impairment
- Physical/mobility impairment, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches
- Visual impairment, such as being blind or having a serious visual impairment
- Hearing impairment, such as being deaf or having a serious hearing impairment
- Mental health condition, such as depression or schizophrenia
- Learning disability/difficulty, such as Down's syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder
- Dyslexia
- Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- Prefer not to say
- Other (Please state) _____

Do you have caring responsibilities? If yes, please tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Primary carer of a child/children (under 18) |
| <input type="checkbox"/> Primary carer of disabled child/children | <input type="checkbox"/> Primary carer of disabled adult (18 and over) |
| <input type="checkbox"/> Primary carer of older person | <input type="checkbox"/> Secondary carer (another person carries out the main caring role) |
| <input type="checkbox"/> Prefer not to say | |

Please email the completed form to CSRbox@morgansindall.com