

LEARNING AND WORK REFERRAL

DATE RECEIVED:

DATE ALLOCATED:

Personal Details	
Name:	Home Number: Mobile:
Date of Birth: Ethnicity:	Referring Centre/Organisation:
Address:	
Post Code:	Care Coordinator/Referrer details Name, Title, Address, Phone Number: (Please Print)

IDENTIFIED HEALTH DIFFICULTIES (Physical and mental health, and any negative side effects of medication impairing function or performance)

SERVICE USER'S INTERESTS/GOALS/ASPIRATIONS: e.g. Learning, work (paid/vol. work), work experience, training, general guidance etc.

ADDITIONAL INFORMATION: Any factors that support progress i.e. strengths, skills and motivation; and issues that may inhibit progress e.g. mobility, literacy, transport, childcare, interpreter.

MANDATORY RISK DETAIL

ARE THERE ANY RISK ISSUES/BEHAVIOURS RELATED TO OTHERS? (PLEASE CIRCLE) YES NO
 If **YES** please attach any information that is relevant to public safety, when signposting to other organisations. Please ensure that either yes or no are circled to avoid any delay in processing this referral and return to: **Learning and Work, BITA Pathways, 201-206 Alcester Street, Digbeth, Birmingham B12 0NQ** or learning&work@bitapathways.co.uk

Referrer Signature:

Date:

Please print name: