

Strathclyde Momentum Programme

1. Referrer Details	
Referrer Name:	
Referrer Agency Details	Organisation Name:
	Referrer Job Role:
Contact Number:	Mobile:
Email:	
Address:	
Post Code:	
2. Reason for referral (please detail clients aspirations)	
Please tick all that are relevant to the client's goals:	
<input type="checkbox"/> Employment <input type="checkbox"/> Training <input type="checkbox"/> Voluntary Work <input type="checkbox"/> Education <input type="checkbox"/> Other (please detail below)	
<u>Details of progress made with referring agency</u>	
<u>Client's Health Difficulties/Barriers to Employment</u>	

3. Client Details			
Name:			
NI Number:		Date of Birth:	
Address:			
Postcode:			
Contact Details	Home Tel:	Best time to call	
	Mobile:		
	Email:		

4. Employment Status			
Unemployed <input type="checkbox"/>	Inactive <input type="checkbox"/>	In Education/Training <input type="checkbox"/>	Employed (inc Self Employment) <input type="checkbox"/>
< 6 Months <input type="checkbox"/>	6 – 12 Months <input type="checkbox"/>	12 – 36 Months <input type="checkbox"/>	>36 Months <input type="checkbox"/>

5. Benefit Status

- Income Support Incapacity Benefit / ESA Job Seeker Allowances Universal Credit
- Council Tax Benefit Disability Living Allowances Child Tax Credit Child Benefit
- Childcare element of WTC Education Maintenance Allowance (EMA) Housing Benefit
- Working Tax Credit Carers Allowance Other (Please Specify)

6. Details of Other Agencies/ Services involved with the client:

- **I give consent** for my information to be forwarded to Momentum Skills.
- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I agree** that Momentum Skills may share my benefit information with their funders.

Client Signature: _____ Date: _____

Referrer Signature _____ Date _____

Referral Organisation Stamp

The completed Referral Form can be posted to:

Suite 2A, Mirren Chambers, 41 Gauze Street, Paisley, PA1 1EX

Or alternatively, signed referral forms can be scanned and sent to:

paisley@momentumskills.org