

EMPLOY MY ABILITY INITIAL EDUCATION REFERRAL FORM



Name of Learner				
Address of Learner				
Contact Number				
Next of Kin				
Date of Birth		Allergies/ medication		
Current Provision		Preferred Site	Moreton	Thorngrove

Please note all learners will be required to complete the induction skills package and will be encouraged to have taster sessions in a number of vocational areas.

Activities you would be interested in	Yes/No	Specific hopes and wishes
Horticultural – working in the gardens / nursery		
Catering – working in the café, food preparation		
Animal Studies and work experience		
Support to get paid employment and / or voluntary work		Types of jobs:
Administration – office work		
Literacy and Numeracy		
Other – please specify		

	Name	Email	Contact Number
Careers Advisor			
Social Worker			
Other			

Referrer			
Contact Number			
Relationship to Learner		Date	

Additional comments:

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Please declare whether you have any unspent convictions or current proceedings against you.

Yes / No

If you answer yes we will ask you for further details. Your response will not stop you from being offered a place at our college. We need to have this information to ensure your safety and the safety of our students and staff and make our decision based on your full assessment, not on your answer to this question.

Please return to:

By post: Employ My Ability, The Walled Gardens, Moreton, Dorchester, Dorset, DT2 8RH

Email: referrals@employmyability.org.uk

Tel: 01929 405 685