

Ready, Willing and Able Referral Form

Complete all relevant sections. Internal-use sections should be completed by the RWA Admin & Referral coordinator or Manager.

Section 1 – Referral Administration

Referral ID (Internal/WECA ID):

Referral date:

Referral source type:

- ☐ Self-referral ☐ Local authority ☐ DWP
☐ School or college ☐ Charity ☐ Health professional
☐ Support provider ☐ Other

Referral area:

- ☐ Bristol ☐ London ☐ Oxford

CRM entry date (internal use only):

Status:

- ☐ New referral ☐ Awaiting information ☐ Eligibility Review
☐ Waiting list ☐ Allocated ☐ Closed

Section 2 - Jobseeker details

Name:

Date of birth:

Address:

Telephone:

Email:

Preferred contact method:

☐

Phone

☐

Email

☐

Text

☐

Video call

☐

In person

☐

All of the above

Section 3 – Access needs and support requirements

Primary disability or support needs:

Communication requirements:

For example easy read, BSL, assistive technology

Accessible information required:

☐ Easy read ☐ Large print ☐ Visual support

☐ Other (write below)

Travel support required:

☐ Yes ☐ No

Travel support details:

For example if travel training is required, support to travel to new places, help working out bus times

Section 4 – Referrer details**Referrer name:****Organisation:**

Job title:

Phone number:

Email address:

Relationship to jobseeker:

- ☐ Parent ☐ Guardian ☐ Support worker ☐ Teacher
☐ Social worker ☐ Employment adviser ☐ Self-referral
☐ Other

Consent:

☐ I confirm the individual has consented to this referral and the sharing of information with Ready, Willing and Able.

Section 5 – Employment goals

Wants support into paid employment:

- ☐ Yes ☐ No

Employment interests:

For example admin, retail, health care, hospitality or customer service

Current employment status:

☐ Unemployed ☐ Volunteering ☐ Education ☐ Employed

☐ Other (write below)

Previous employment experience:

Section 6 – Additional information

Please provide any information that may support this referral:

Section 7 – Internal use only: eligibility

To be completed by RWA admin and referral coordinator.

Eligibility Assessment Date:

(Run through criteria and agreement for employment support)

Age 18 years and over:

☐ Yes ☐ No

Has a learning disability or is autistic:

☐ Yes ☐ No

Assessed by:

Age criteria met:

☐ Yes ☐ No

Geographical criteria met:

☐ Yes ☐ No

Programme criteria met:

☐ Yes ☐ No

Additional information required:

☐ Yes ☐ No

Outcome:

☐ Eligible ☐ Ineligible ☐ Awaiting information

Reason for signposting to other services:

- ☐ Needs support with health or wellbeing
- ☐ Needs benefits or housing advice
- ☐ Lives outside programme area
- ☐ Other (write below)

Section 8 – Internal use only: Waiting list management

Added to waiting list:

- ☐ Yes ☐ No

Waiting list date:

Waiting list priority:

- ☐ High ☐ Medium ☐ Low

Next review date:

Notes:

Section 9 – Internal use only: Coach allocation

Assigned coach:

Allocation date:

First contact made:

Introductory meeting date:

Caseload accepted:

☐ Yes ☐ No

Section 10 – Internal use only: Referral authorisation

Person completing form:

Position and organisation:

Signature:

Date:

Section 11 – Internal use only: Administration

Referral Coordinator / Manager:

Date received:

Date acknowledged:

CRM updated:

☐ Yes ☐ No

Authorised by:

Date processed: