SEE ABILITY
Live. Love. Thrive. Belong.

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:

10/04/1989

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 referral admin coordinator or manager

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: