**Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Referral** |  | | | | | | | | | |
| **Referral Agency Name** |  | | | | | | | | | |
| **Referring Contact Name, Phone Number & Email Address** |  | | | | | | | | | |
| **Relationship to Person** |  | | | | | | | | | |
| **Participants Name** |  | | | | | | | | | |
| **Participants Preferred Name** |  | | | | | | | | | |
| **Date of Birth & Age** |  | | | | | | | | | |
| **Gender** | Male |  | | Female |  | Other |  | Prefer not to say |  | |
| **Address** |  | | | | | | | | | |
| **Postcode** |  | | | | | | | | | |
| **Preferred Method of Contact** | Phone | |  | Text |  | Letter |  | Email |  | |
| **Preferred Contact Number & Email Address** |  | | | | | | | | | |
| **Is it ok to leave a message?** |  | | | | | | | | | |
| **Reason for Referral** |  | | | | | | | | | |
| **What areas of support does the person need?** | Finance | | | | | | | | |  |
| Benefits | | | | | | | | |  |
| Employability Skills | | | | | | | | |  |
| Emotional Wellbeing | | | | | | | | |  |
| Access to Community Groups | | | | | | | | |  |
| Social Engagement | | | | | | | | |  |
| General Employment, Advice and Guidance | | | | | | | | |  |

**Please return this form to** [**LEAP@humankindcharity.org.uk**](mailto:LEAP@humankindcharity.org.uk) **or call us on 01325 529210**

**More about the LEAP programme.**

Are you, or someone you support 18+, lives in the Tees valley area, not currently in employment?

If so, our team can offer a broad range of support to help you move closer to your goals.

**We can support with:**

• Finance

• Benefits

• Employability Skills

• Emotional wellbeing

• Access to Community Groups

• Social Engagement

• General Employment, Advice and Guidance