

Balance Learning Disability Employment Support Referral Form

Please note that Balance require all sections in this form to be completed before we can accept a referral. Incomplete forms will be returned to the referee.

The criteria for our service is that the person is 18 years of age or over, lives in the Borough of Kingston and has had an Statement of Educational Need whilst in school due to their learning disability.

JOBSEEKER DETAILS

Name	
Address	
Telephone	
Date of birth	
Gender	
National Insurance no.	

Nature of Disability	
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Home Circumstances (e.g. living alone/with family/group home/residential home)	
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<p>Welfare Benefits Balance will need as much detail as possible in order to give correct advice.</p>	
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Please confirm that the person had a Statement of Special Educational Need whilst they attended school.	Yes	No

Does the person have access to an Individual Budget via Kingston Adult Social Care?	Yes	No	Unsure

Involved People

Referred by:	Name	
	Telephone	
	Relationship to jobseeker	
	Date of referral	

Care Manager	Name	
	Telephone	
	Location	

Key Worker	Name	
	Telephone	
	Location	

Other professional or involved person	Name	
	Telephone	
	Location	

Please give details if the jobseeker is currently receiving any support from another employment service, for example Remploy?	Name	
	Telephone	
	Location	

WORK DETAILS

Please give details of the person's current weekly timetable including education, work and leisure activities

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Brief Details of Education/Training/Work Experience/Paid Employment undertaken so far	
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<p>Type of Work Preferences (For example, if the jobseeker has not had a job before they may need to gain work experience?)</p>	<p><input type="checkbox"/> Work experience (usually placements of 4 – 12 weeks)</p> <p><input type="checkbox"/> On-going voluntary work Number of hours wanted____</p> <p>Paid Work</p> <p><input type="checkbox"/> 0 - 4 hours per week (Earning £20 disregard)</p> <p><input type="checkbox"/> 8 -16 hours per week (Permitted work rules)</p> <p><input type="checkbox"/> 16+ hours per week</p>
<p>Type of Work (Does the jobseeker have any ideas of the kinds of jobs they are interested in applying for or perhaps they have had a job and want to work in a similar field?)</p>	

Please tick the following days and times the jobseeker is available to work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

<p>Any other comments E.g. specific support required, relevant health issues.</p>	
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Please return this form to:

Glen Smailes
Senior Employment Consultant
Balance
Hollyfield House
22 Hollyfield Road
Surbiton
Surrey
KT5 9AL

Email: glen.smailes@balance-cic.com

**For any queries and information about our services please contact Glen on
Tel: 0203 468 3076**

Disclosure of Information

Balance operates strict confidentiality procedures with regard to any information held regarding its clients.

The information will only be held and used for the purpose of assisting the jobseeker in their work or work training. No information will be shared with other organisations or individuals without the full consent of the client.

In order to provide proper support to the jobseeker and to ensure the safety of all parties, we do require that all information that may have a bearing on the success of the jobseeker's work or work training is brought to our attention at the referral stage.

We would therefore be grateful if you would respond to each question below.

Balance will not discriminate against people on the basis of the information disclosed.

Name of person being referred:

Has the person referred ever been convicted of a criminal offence? YES/NO

Are there any other issues that may require particular attention when considering employment for the person? e.g. challenging behaviour, areas of risk, offences that have not resulted in conviction etc

As the person making the referral I can confirm that the above information is accurate and complete to the best of my knowledge.

Signature

Print name

Date

Please help us to provide better services for everyone by completing this form. This information will be kept confidential. Please tick all of the boxes that apply to you.

Equality Monitoring Form

Ethnicity

What is your ethnic group?

A White

- British Irish
- Any other White Background

Please tell us.....

B Mixed

- White & Black Caribbean
- White & Black African White & Asian
- Any other Mixed background

Please tell us.....

C Asian or Asian British

- Indian Pakistani Bangladeshi
- Tamil Korean
- Any other Asian background

Please tell us.....

D Black or Black British

- Caribbean African
- Any other Black background

Please tell us.....

E Chinese or other ethnic group

- Chinese Any other background

Please tell us.....

- I prefer not to tell you my ethnic group

Disability and Health

Do you have a long-term physical or mental health condition or disability?

- Yes No
- I prefer not to tell you

What is the nature of your disability, mental health or other health issue?

- Physical/Mobility Sensory Mental Health
- Learning Disability Health Diagnosis
- Other – Please tell us.....
- I prefer not to tell you

Gender

- Are you? Male Female
- I prefer not to tell you

What is your Age?

- Under 16 16 – 25 26 – 35 36 -45
- 46 – 55 56 – 65 66 – 75 76+
- I prefer not to tell you

What is your Religion or Belief?

- Christian Buddhist Hindu Sikh Jewish Muslim
- Atheist Agnostic
- Other – Please tell us.....
- I prefer not to tell you

What is your Sexual Orientation?

- Heterosexual (Man & Woman) Lesbian Gay Bisexual
- Other – Please tell us.....
- I prefer not to tell you

Thank you for taking your time to complete this form