

Platform 1/ Ignite Referral Form

Name of Individual	
Address	
Post code	
Contact number	
Date of birth	
NI number	
Referring organisation	
Organisation address (please stamp where possible)	
Name of referee/ officer	
Position	
Contact number and/or Email Address	
Date of referral	
Participant's Additional Learning Need(s) and/or Health Issues <i>(please ensure this field is completed with as much detail as possible to ensure eligibility)</i>	
What support does the individual require to engage in activities related to gaining confidence and qualifications, volunteering, or work?	
Participant Employment status (please include the name of any current benefits)	
Do you wish to be contacted as part of this referral? (Please delete as appropriate)	Yes (prior to contacting the individual) Yes (following contact with the individual) No
Will you be supporting the individual whilst they are engaged on the project?	Yes (just for handover) Yes (ongoing support throughout) No
Please state any other agencies, programmes or services the individual is currently working with	

Is there any other information which you feel we might need which is relevant to help the individual to engage on the project?

Where suitable, has a risk assessment been attached?

As the referring service/organisation, we are committed to protecting your personal information and to complying with Data Protection Legislation. We will only ask for, and share, the information needed to help provide you with impartial information in relation to employment, training or education opportunities.

Rhondda, Cynon, Taf County Borough Council is committed to keeping your personal information safe and secure and keeping you informed about how we use your information. To learn about how your privacy is protected and how and why we use your personal information to provide you with services, please visit our service privacy notice here www.rctcbc.gov.uk/serviceprivacynotice and the Council's data protection pages here www.rctcbc.gov.uk/dataprotection.

By signing this form you are agreeing to the referral being made to Platform 1 or Ignite.

Signature of individual being referred: _____

Name of Individual being referred: _____

Date: _____

I declare that my role and/or organisation is independent from the European Social Fund WCVA Active Inclusion funded programmes above. I further declare the information provided above is correct to the best of my knowledge.

I can confirm that (*insert name*) _____ is economically inactive, long term unemployed or (for those aged 16-24) is Not in Employment, Education or Training (*please delete options as necessary*)

Signature of the referrer: _____

Name and Position of the Referrer: _____

Date: _____

Please return any electronic completed referral forms to Liane.Burden@rctcbc.gov.uk **and** provide a signed (*by hand*) hard copy in the post to:
Liane Burden - Active Inclusion Administration Officer
Ty Elai, Dinas Isaf East, Williamstown, CF40 1NY

