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| **About the person applying or who you are referring** |
| First name:       | Surname:       |
| Address:        | Male [ ]   | Female [ ]  |
| Date of birth:       |
| Telephone:       |
| Postcode:       | Mobile phone:       |
| National Insurance Number:       |
| **Emergency contact details** *Who would you like us to contact?*  |
| First name:       | Surname:       |
| Relationship:       | Telephone:       |
| **Benefits**  *What benefits are you receiving?*  ***tick 🗹*** |
| Job Seekers Allowance [ ]   | ESA [ ]  | Universal Credit [ ]  | PIP [ ]  |
| Working Tax Credit [ ]  | Housing Benefit [ ]  | Child Tax Credit [ ]  | Council Tax Benefit [ ]  |
| **Disability** *How would you describe yourself?*  |
| Learning Disability [ ]  | Mental Health [ ]  | Asperger’s [ ]  | Autism [ ]  |
| Physical Disability [ ]  | Other [ ]  | Prefer not to say [ ]  |
| If yes, please tell us a bit more about the support that you need?       |
| **Travel** *How do you travel? Can you travel to new places on your own with/without travel training?*  |
|       |

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| **Ethnicity** *How would you describe yourself?*  |
| A1 - White –English [ ]  | B4 – Any other Mixed background [ ]  | D2 – Black or Black British - African [ ]  |
| A2 – White - Irish [ ]  | C1 – Asian or Asian British – Indian [ ]  | D3 – Black or Black British – Any other black background [ ]  |
| A3 – White - Any other White Background [ ]  | C2 – Asian or Asian British - Pakistani [ ]  | E1 – Chinese or other ethnic group - Chinese [ ]  |
| B1 – Mixed - White and BlackCaribbean [ ]  | C3 – Asian or Asian British - Bangladeshi [ ]  | E2 – Chinese or other ethnic group - Any other [ ]  |
| B2 – Mixed - White and Black African [ ]  | C4 – Asian or Asian British – Any other Asian background [ ]  | Prefer not to say [ ]  |
| B3 – Mixed - White and Asian [ ]  | D1 – Black or Black British - Caribbean [ ]  |  |
| **About the person completing the form (when you are not the person being referred)** |
| First Name:       | Surname:       |
| Telephone:       | Email:       |
| Job Title:       | Organisation:       |
| Signature:       | Date:       |

**Consent**

My advisor may gather information, including information about my personal health to provide me with the support I may need. Details of people that support me may also have been provided and I understand that my advisor may contact individuals listed if needed.

I consent to this information being kept and being made available to staff and organisations that fund this service to enable them to provide me with this service.

You can withdraw your consent at any time by emailing Helen Smith at helen.smith@unityworks.org.uk.

Please note that if your consent is withdrawn, we may no longer be able to provide you with this service.

**Declaration**

I declare that the information I have given on this form is, to the best of my knowledge, correct.

Applicant’s signature:

Date:

For further information on how we will use, share and protect your personal information, please see our [corporate privacy notice](https://walthamforest.gov.uk/content/corporate-privacy-notice)