

**Out of Work Peer Mentoring Service (OoWS)**

**OFFICIAL-SENSITIVE**

**Version 5.1 – January 2019**

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| **REFERRAL INTO THE OUT-OF-WORK PEER MENTORING SERVICE** | | | | | | | | | |
| **Participant Details** | | | | | | | | | |
| **Participant Name:** | |  | | | | | | | |
| **Participant NI Number:** | |  | | | | | | | |
| **Participant DOB:** | | ­­­­ \_ \_ / \_ \_ / \_ \_ \_ \_ | | | | | 16-24 | Over 25 | |
| **Participant Address:** | |  | | | | | | | |
| **Participant Contact Details:** | **Tel:** |  | | | | | | | |
| **Email:** |  | | | | | | | |
| **Current Employment Status:** | | **Economically inactive** |  | **NEET** |  | **Long-term unemployed** \*  Receiving JSA support for 12 months plus | | |  |

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| **Reason for referral / areas to note:** |
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| **Referred by:** | | |
| **Name of Referrer:** | |  |
| **Job Title / Organisation:** | |  |
| **Contact Details:** | **Address:** |  |
| **Tel:** |  |
| **Email:** |  |

**Participant Disclaimer (for LTU only where evidence cannot be obtained):**

I confirm that I have been unemployed for \_\_\_\_\_ year’s \_\_\_\_\_\_ months

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| --- | --- |
| **Signature of Participant:** |  |
| **Date:** |  |

**Referrer Disclaimer:**

I confirm there is no conflict of interest and the above information is correct to the best of my knowledge

|  |  |
| --- | --- |
| **Signature of Referrer:** |  |
| **Date:** |  |