



## Referral Form

### Participant contact information

Referral Date:	Referral organisation:	Referral to:
Form completed by:	Contact number:	Email address:

<b>Client Name</b>	
<b>Address</b>	
<b>Contact number and/or email address</b>	
<b>Best time to contact?</b>	

### Criteria details for referral

Are they 15 – 18 and NEET or at risk of becoming NEET?	Yes	No
Are they doing any paid employment, or on a zero hours contract? Please note we cannot work with anyone who answers Yes to this question	Yes	No
Are they currently looking for paid employment? This is to help us understand whether the client is 'unemployed' or 'economically inactive'	Yes	No
Are they enrolled on another Building Better Opportunities (BBO) project	Yes	No

### Reason for referral (money triggers and/or key life changes (please tick all that apply))

- Ending of custodial sentence
- Entering hostel/supported housing
- Having a baby
- Impacted by Local Housing Allowance changes
- Learning needs impacting ability to manage money/access services
- Leaving care
- Loss of earned income
- Mental health needs impacting on ability to manage money/access services
- Moving into social housing for the first time
- Moving onto Universal Credit
- Physical health needs impacting on ability to manage money/access service
- Sanctioned by DWP
- Subject to Overall Benefits Cap
- Subject to Under Occupancy Charge
- Unable to pay priority bills including rent

**Any further information:**

**Where did you hear about us? .....**

**Eligibility Statement**  
 I confirm that to the best of my knowledge that the person I am referring is able to live and work in the UK and is not currently doing any work, included permitted work and they are not on a zero hours contract. If they are under 19 I confirm that they are or are at risk of becoming NEET (Not in Education, Employment or Training). They are currently job seeking/economically inactive (not job seeking – please delete as appropriate)

**Referrer signature :** **Date:**

**Referral Consent**  
 I am happy for my details to be passed to the New Horizons project. I understand that the details on this form will be held on an electronic database accessible by New Horizon partner organisations. I confirm that I am able to live and work in the UK and am not currently doing any work, included permitted work and I am not on a zero hours contract.

**Client signature:** **Date:**

**This section to be completed by New Horizon project**

<b>Date referral received</b>	
<b>Date Participant Contacted:</b>	
<b>Referred onto next stage</b>	<b>Yes                  No</b>
<b>Details entered on MIS</b>	<b>Yes                  No</b>
<b>ID number (from MIS)</b>	