**STU 01**



 **OoWS – Short Term Unemployment Project**

**Referral Form**

**OFFICIAL-SENSITIVE**

**Version 1.0 – August 2020**

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| **Referral into the OoWS Short Term Unemployment Project**  |
| **Participant Details** |
| **Participant Name:** |  |
| **Participant NI Number:** |  |
| **Participant DOB:** | ­­­­ \_ \_ / \_ \_ / \_ \_ \_ \_ | 25 + Only |
| **Participant Address:** |  |
| **Participant Contact Details:** | **Tel:** |  |
| **Email:** |  |
| **Current Employment Status:** | **Furloughed** |  | **Short-term unemployed** Since March 2020 |  |

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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**

I confirm that I have been unemployed for\_\_\_\_\_\_ months or Furloughed since \_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **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:** |  |