

**The UP-Project   
Self-Referral Form**

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| ***Please note, all self-referrals will need to provide contact details for their Probation Officer, Job Centre Advisor/Work Coach, or any other professional you have working with you from one of the below organisations. This is so we can obtain a reference and Risk Assessment.*** |
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**Your Details**

Name: Click here to enter text. D.O.B: Click here to enter text.

Contact Address: Click here to enter text. Email Address: Click here to enter text.

Contact Number: Click here to enter text.

National Insurance No: Click here to enter text.

Preferred Method of Contact: Select preferred contact method

Do you have an up to date CV? If so, please attach Yes  No

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|  | **Reference Details** *Please select* ***one*** *Organisation and provide contact details****:***  **Probation Service Job Centre Police DLNR CRC Turning Point**  **Engage Turning Point Prevent Other** Click here to enter text.Name of Professional working with you: Click here to enter text.  Their Email Address: Click here to enter text.  Their Contact Number: Click here to enter text.  Date of Self-Referral: Click here to enter text. |  |
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|  | **Where You Feel You Need Help or Support**  *Please tick the areas you feel you will need help or support with.*  CV building  Time Keeping  Mental Health & Wellbeing  Applying for Jobs  Confidence  Work Experience  Interview Skills  Disclosures Support  Advice around disclosures  Access to Education/Training  Money Management  Housing Advise |  |
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**Our Criteria**

Are you:

**Motivated to progress/change?** Yes  No

**Motivated to work/gain work experience?** Yes  No

**Drug free/** **has no issues around substance misuse?** Yes  No

On methadone or script? Yes  No

Have you:   
Completed or currently taking part in a drug/alcohol rehab programme? Yes  No

If yes, please give details:

Click here to enter text.

Do you have the ability to follow a Code of Conduct? Yes  No

Do you understand the importance of being punctual, presentable, motivated and committed?

Yes  No

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| **Health Details & Special Needs or Requirements**  Do you have any of the following:   Physical health needs Yes  No  Mental health issues Yes ☐ No ☐  Learning difficulties Yes ☐ No ☐  Do you suffer from any allergies? Yes ☐ No ☐  **If yes to any of the above, please give details:**  Click here to enter text.  **Are there any specific requirements related to religion, disability, age, gender or sexuality that we should be aware of?** Yes ☐ No ☐ Please include anything we can do to make your interview with us more accessible. Click here to enter text. |
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**Help You Already Receive**   
Please give the name and contact details of Probation Officer, YOS Worker and/or any other supporting agencies that work with you.

Click here to enter text.  
  
Are there any pending court cases/charges? Yes  No

**DECLARATION**

**APPLICANT**By signing this form, I agree to the following:  
- I confirm the information given in this referral form is true and correct. I agree to give consent for Leicestershire Cares to obtain Risk Assessment information.  
  
- I agree that the contents of this form and any unspent convictions, can be disclosed to Leicestershire Cares.   
  
- I give permission for Leicestershire Cares to speak to relevant agencies to gain confidential information that is relevant to me attaining a work placement, further education, training and employment.  
  
- I understand and agree that my information will be stored on file for up to 3 years before being destroyed in line with GDPR.

Signed: Click here to enter text. Date: Click here to enter text.  
(Can be signed or typed)

**Thank you for the Referral**

Please return to Siobhan Hirrell, The UP-Project Development Officer

Via e-mail: [**siobhan@leicestershirecares.co.uk**](mailto:siobhan@leicestershirecares.co.uk)Contact Number: 07761515130  
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*T: 0116 275 6490* [*www.leicestershirecares.co.uk*](http://www.leicestershirecares.co.uk/)[*Follow us on Twitter*](https://twitter.com/leicscares)     