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| **‘Insert Project Name’ Registration Form**  (Please tick which funding applies) | | | | | |
| **NOLB** |  | **PESF** |  | **YPG** |  |
| Source of Referral |  | | | Date of Referral |  |
| Details of any other agencies/services that the Participant is engaged with | | | | | |
|  | | | | | |
| Participant Name |  | | | DOB |  |
| Address 1 |  | | | Age |  |
| Address 2 |  | | | | |
| City |  | | | Postcode |  |
| Contact No(s) |  | | | NINO |  |
| Email Address |  | | | | |

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| **Parental Status (Please circle)** | No children / Children-couple / Single parent |

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| **To be completed by Parents or Guardians** *(tick all that apply)* | | | | | | | | |
| Lone parent |  | Child with disability | |  | Ethnic minority | |  | |
| Parent aged below 25 |  | Parent with disability /long term health condition | |  | Early Learning & Childcare (ELC) – accessing funded 2 year-old place | |  | |
| Youngest child under 1 |  | 3+ children | |  | ELC – accessing funded childcare for child/children 3 and over | |  | |
|  | | | | | | | | |
| How many children do you have? |  | | Date of birth youngest child?*(DD/MM/YYYY)* | | |  | |

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| **To be completed by Young Person’s aged 16 -24 yrs old** *(tick all that apply)* | | | |
| About to leave school without a positive destination |  | At risk of redundancy |  |
| Left School without a positive destination |  | At risk of losing apprenticeship |  |
| Leaving training, volunteering, college or university without a positive destination | | |  |

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| **The remaining sections of the form should be completed by ALL participants** |

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| **What is your Highest level of education?** (Please tick one) | | | |
| ISCED 0 – Early Learning and Childcare |  | ISCED 5 – Short Cycle *(HND, HNC etc.)* |  |
| ISCED 1 – Primary School |  | ISCED 6 – Bachelor or Equivalent |  |
| ISCED 2 – Lower Secondary |  | ISCED 7 – Masters or Equivalent |  |
| ISCED 3 – Upper Secondary |  | ISCED 8 – Doctoral or Equivalent |  |
| ISCED 4 – Post Secondary Not-Tertiary |  |  |  |

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| **Current Employment Status** (please tick one) | | | | | | |
| **School Pupil** |  |  |  |  |  |  |
|  | **Unemployed** | **Long Term Unemployed** | **Inactive** | **Economically Inactive** | **Employed** | **If Employed, please answer:** |
| **0 - 6 months** |  |  |  |  |  | What is your job title? |
| **7 - 12 months** |  | *(u25)* |  |  |  |  |
| **12 - 24 months** |  |  |  |  |  | What is your annual salary? |
| **25 - 36 months** |  |  |  |  |  |  |
| **Over 3 years** |  |  |  |  |  |  |
| **Detailed assessment of participant circumstances** (*Include description of circumstances and how long in current status. E.g. If inactive confirm they are NEET. If school leaver confirm how long since left school.)* | | | | | | |
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| **Personal background** (Please circle your answer) | |
| Do you have a disability? | Yes / No / Prefer not to say |
| Care Experienced - Have you ever been in care or from a looked-after background at any point in your life? | Yes / No |
| Caring Responsibilities - Apart from anything you do as part of paid employment, do you look after, or give any regular help or support to family members, friends, neighbours or others because of either long-term physical / mental ill-health / disability; or problems related to old age? | Yes / No |

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| **Please tick all disadvantages/barriers that apply to you** | | | |
| Armed Forces Veteran |  | Looked after young person |  |
| Asylum seeker |  | Low income employed |  |
| At risk of becoming NEET |  | Low income household |  |
| Care experienced |  | Low skilled |  |
| Criminal convictions |  | Mental Health Issues |  |
| From Employment Deprived Areas (*check postcode)* |  | Migrants, people with a foreign background, minorities |  |
| Homeless or affected by housing exclusion |  | No or limited work experience |  |
| Living in a jobless household |  | Primary carer of a child/children (under 18) or adult |  |
| Living in a jobless household with dependent children |  | Primary carer of older person (over 65) |  |
| Living in a single adult household with dependent children |  | Refugee |  |
| Long term physical illness |  | Substance related conditions |  |
| Long term unemployed |  | Underemployed |  |

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| **Emergency Contact Details** | | | |
| Name |  | Relationship |  |
| Contact details |  | | |

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| **Evidence Check** *(Please note what documents are being used)* | | | |
| Evidence Obtained:  Proof of address |  | Evidence Obtained: ID & Eligibility to Work in the UK |  |

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| **DECLARATION** |
| *I confirm that I am aware that, from this meeting forward the support I am receiving is part funded through No One Left Behind / Parental Employability Support Fund / Young Person’s Guarantee.*  *I confirm that the information held on file regarding my personal circumstances and eligibility is up to date and accurate and can be transferred, as required, to the appropriate Management Information Systems.*  *I am aware that this information may be used by (insert project name), Glasgow City Council and the Scottish Government or their representatives to contact me at a later date regarding the support I have received.* |

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| **Data Protection Notes** | |
| I confirm that I have read and understood the *(insert project name)* Privacy Statement and I am aware of how my data is being held and used | **(Please tick)** |

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| **Signatures and Registration Date** | | |
| **Print name** (Participant) | **Signature** | **Date** |
| **Print name** (Key Worker) | **Signature** | **Date** |

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| **Hanlon Ref. / Unique identifier** |  |