

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

**OFFICIAL-SENSITIVE**

**Version 4.1 – February 2018**

|  |
| --- |
| **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** |  | **NEET16-24** |  | **Long-term unemployed** Receiving JSA support for 12 months plus |  |
| **Reason for referral / areas to note:** |
|  |
| **Referred by:** |
| Name of Referrer: |  |
| Job Title / Organisation: |  |
| Contact Details: | Address:Tel:Email: |

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:** |  |

**Please send completed referral forms to:****ask@cyflecymru.com** **/ 0300 777 2256**