**NAME OF PROGRAMME:**

LLE SUPPORT/ FOCUS/ NOLB/ MIDLOTHIAN EMPLOYABILITY PROGRAMME/ PARENTAL EMPLOYABILITY SUPPORT (PESF)

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| --- | --- | --- | --- |
| **TITLE** |  | **PARTICIPANT** **NAME \*** |  |
|  |  |  |
| **DATE OF BIRTH \*** |  | ***ITEMS WITH \* MUST BE COMPLETED*** |
| **ADDRESS \*** |    |  | **SQA NUMBER***(If known)* |
| **POST \*****CODE**  |  |  |  |
|  |  |
| **HOME TEL.** 🕿 |   | **MOBILE** **http://hdimages-raw.s3.amazonaws.com/i-mobilehitz254swap-1369801089-0.pngTEL.**  |  |
|  |  |  |
| **EMAIL** |  |
| **SCHOOL:** |   **LEAVING DATE:** |
| **REFERRER/AGENCY:** **Name: Telephone number:****Address: Email address:****Postcode: Relationship to applicant:**  |

 **Reason for referral**

Please provide as much information as possible:

**Additional Information: Disability/Mental health Condition/ specific needs including numeracy and literacy**

Please provide as much information as possible:

|  |  |
| --- | --- |
| ARE YOU A PARENT? YES/NO |  |
| What are the ages of the children who live in your household? (Enter age in YEARS for each child. If a child in under 1 years, enter as an approximate decimal, e.g. 0.6 for 6 months) Child 1 ………….. Child 2 ………….. Child 3 ………….. Child 4 …………. Child 5 ………….. Pregnant YES/NO |
| Do you consider that any of your children have disabilities/chronic or severe health problems? |  |
| Do you care for any other non-child dependents?  |  |
| If Yes, who do you care for? |  |

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| **STATUS \*****(MUST BE COMPLETED)**(please tick one box only) |  | **PARENTAL STATUS**(please tick relevant boxes) |  | **ADDITIONAL HEALTH/SUPPORT REQUIREMENTS**(please tick relevant boxes) |
| Employed Full/ Part/ Self  |  |  | Children YES/ NO |  |  | Accompanied by Carer |  |
| Further Education |  |  | Number of Children |  |  | Visual or sensory impairment |  |
| Higher Education |  |  | Lone parent |  |  | Wheelchair/mobility needs |  |
| Inactive |  |  | Couple |  |  | Registered Disabled |  |
| Economically Inactive |  |  |  |  |  | Additional Support |  |
| Unemployed |  |  |  |  |  |  |  |
| Long term Unemployed |  |  |  |  |  | Care Experienced  |  |
| School |  |  |  |  |  |  |  |
|  |
| **FIRST LANGUAGE** (if not English) |  |
|  |

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| --- | --- | --- |
| **Are you able to travel independently?**  | **YES**  | **NO** |
| **Are you currently working or been referred to any other agency?** | **YES** | **NO** |
| **Please give details if answer is yes** |

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| **ADDITIONAL CONTACT DETAILS FOR EMERGENCY USE \* (MUST BE COMPLETED)** |
| **Name** |   |  | **Relationship** |  |
|  |  |
| **Address****Post Code** |  |  | **Tel No** **http://hdimages-raw.s3.amazonaws.com/i-mobilehitz254swap-1369801089-0.png🕿 /** |  |
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| **CONSENT****Signature of participant: Date**  |
| I give permission for photographs / video / audio to be taken and used for recording or promotion of Communities and Lifelong Learning activities (CLL) |  | **YES** | **NO** |
|  |

**Data Protection Act 2018**

In order to provide an effective service to help you achieve your goals, we need to record and store data about you. The enclosed Data Protection document tells you how, with your agreement, we store and share this information in accordance with the new Data Protection Act 2018.

More information on this can be found at:

<https://www.midlothian.gov.uk/info/200285/access_to_information/338/privacy_and_cookies>

<https://www.midlothian.gov.uk/cllprivacy>

When completed please return to:

*Please return to:* Communities and Lifelong Learning

Fairfield House

8 Lothian Road

Dalkeith EH22 3ZG

*Contact:-*Tel: 0131 271 3450 Email: CLL@MIDLOTHIAN.GOV.UK