**ACTIVITY AGREEMENT REFERRAL**

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| --- | --- | --- |
| **Name:** | **Gender:** | |
| **Date of Birth:** | **Age:** | |
| **Ethnicity:** | **Primary Language:** | |
| **Address:** | **Contact Number:** | |
| **Last School Attended:** | **School leaving date:** | **Attendance % if known:** |

**ADVISED BARRIERS TO EMPLOYMENT/EDUCATION/TRAINING NOTED BY REFERRER**

Please check ALL appropriate box/es. This is a Scottish Government requirement.

**Asylum Seeker**

**At risk of becoming NEET**

**Criminal Convictions**

**Disability**

**Employment deprived area**

**Remote or rural area**

**Homeless or at risk of**

**Living in jobless household**

**Living in jobless household with children**

**Living single adult household with children**

**Long term physical illness/ condition**

**Long term unemployed**

**Care experienced young person**

**Low skilled**

**Material deprivation**

**Mental health issues**

**Migrant/foreign background/ minorities**

**No or limited work experience**

**Primary carer of child/ adult**

**Refugee**

**Substance related condition**

**OTHER: please state ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **REFERRER’S SUPPORTING STATEMENT** – please provide your reasons for the referral and what the young person hopes to achieve. |

**REFERRER DETAILS**

|  |  |
| --- | --- |
| **Name:** | **School/Organisation:** |
| **Business address:** | **Contact number:**  **Email:** |
| **Signature:**  **Date:** | |

**Please send completed referral form to:**

Activity Agreements, City of Edinburgh Council, 1.4 Waverley Court, 4 East Market Street, Edinburgh EH8 8BG or email [activityagreements@edinburgh.gov.uk](mailto:activityagreements@edinburgh.gov.uk)

|  |  |  |
| --- | --- | --- |
| **FOR OFFICE USE ONLY** | | |
| **Date referral received:** |  | |
| **Has referral been accepted?** | YES | NO |
|  | | |
| **If accepted, complete the following:** | | |
| Date referrer informed: |  | |
| Referred to: |  | |
|  | | |
| **Referred for pre-AA engagement?** | YES | NO |
| Outline pre-engagement purpose, proposed activity and trusted professional responsibility below: | | |
|  | | |
| **If the referral was rejected please record the following info.** | | |
| Date referrer informed: |  | |
| What additional guidance/ info was offered to referrer? |  | |
| **Reason referral was rejected:** |  | |
| YP not Stage 1 | YP lives out with authority | YP too old/young |
| YP awaiting or successfully moved into PD | Previously disengaged and no improved circumstances | YP successfully completed college, training etc |
| Other – please state: | | |