**ACTIVITY AGREEMENT REFERRAL**

|  |  |
| --- | --- |
| **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 ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **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

|  |
| --- |
| **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: |