



Referral Details			
Referring Agency		Date of Referral	
Name of Referrer		Role	
Email Address		Tel Number (Work)	
Address (including Post Code)			

Participant Details			
Name		Date of Birth	
Email Address		Tel Number	
Address (including Post Code)			

Reasons for Referral
Please detail below any relevant information e.g. work already completed with referrer, goals for the future, relevant historical info, home and family life



Additional Information

Please detail below any relevant additional information e.g. emotional support needs, details of agencies involved with the participant, etc.

Please detail any further information you feel we should know with regards to health and safety

Contact Preferences

Contactable by email		Contactable by phone		Contactable by Text	
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The information given on this form will be used to provide you with the support you require to develop and work towards your Individual Development Plan. The information may also be passed to other relevant organisations for the purpose of delivering, monitoring and evaluating funding and to provide you with support and advice whilst monitoring your personal progress.

The reasons in which we retain and share your personal information are legally justified under the General Data Protection Regulation. This referral will be stored securely and only staff who need to know will access the information. For further information on this, please refer to [Privacy Information Notice \(orkney.gov.uk\)](https://orkney.gov.uk/privacy-information-notice)

Participant: I consent to this referral being made to the Orkney Islands Council Employability Team and give explicit consent to my personal information being stored by OIC and shared appropriately between the organisations supporting me. I also agree to my information being shared with Scottish Government for reporting purposes.

Signature:..... Date:

Signature of Representative from Referring Agency:..... Date: