



Referral Form

Ref no.

**SUPPORTING
YOUNG
PEOPLE TO
OVERCOME
THEIR BARRIERS
TO PAID
EMPLOYMENT**

Criteria Statement

For a young person to be referred to MINT they must:

- not be in education, training or employment
- want to access PAID employment
- be aged between 16-25 years old
- have a barrier to work (learning difficulty, disability, mental health issue etc)
- be able to travel independently or have the ability to learn
- be able to work unsupported after a agreed period of job coaching
- be referred by a professional organisation/person
- be ready to access employment within 12 months

Please complete all sections as fully as possible!



Personal Information of Young Person

Name:

Address:

Telephone Number:

Mobile Telephone Number:

Date of Birth:

National Insurance Number:

Education and Employment Information of Young Person

Last place of Education:

Course Attended:

Have they had any Work Experience?: Yes ☐ No ☐Paid Employment: Yes ☐ No ☐

If yes please give details of where and when:

Which types of employment are they interested in?

-
-

t: 01603 773760

w: mintnorwich.co.ukEASTON
COLLEGEPASTON
COLLEGECITY
COLLEGE
NORWICH

Contact details of Referrer and Parent/Carer

Name and Address of Referrer:

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Telephone Number:

Email Address:.....

In your opinion state why you feel employment is the most suitable option for this young person:

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Name and Address of Main Parent/Carer:

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Telephone Number:

Contact details of support agencies/organisations

Do they receive any other kind of support? If so state below:

Organisation:.....

Key worker/contact person:

Phone Number:.....

Email:

Disclosure of Criminal Convictions

Do they have any Criminal Convictions?

Yes ☐

No ☐



Ethnic Category:

1	Asian or Asian British – Bangladeshi		2	Asian or Asian British - Indian		3	Asian or Asian British – Pakistani	
4	Asian or Asian British – Any other		5	Black or Black British - African		6	Black or Black British – Caribbean	
7	Black or Black British – Any other		8	Chinese		9	Mixed – White and Asian	
10	Mixed – White and Black African		11	Mixed – White and Black Caribbean		12	Mixed – Any other	
13	White – British		14	White - Irish		15	White – Any other	
16	Any other	Please give details:						

To be completed by the young person. Please give details of your barriers to employment and any specific support needs you may have:
(Include any documents that you feel would be useful)

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Medical Form

Name of young person

Please give details of any MEDICAL CONDITION
AND/OR MEDICATION you are taking for it:

Medical Condition	Medication Taken

Please give details of who we would contact in an EMERGENCY:

Person 1

Relationship

Name	Telephone Numbers	
	Home:	
Address	Mobile:	
	Work:	

Person 2

Relationship

Name	Telephone Numbers	
	Home:	
Address	Mobile:	
	Work:	



Consent Form

MINT is part of City College Norwich and in giving your consent below you also consent to City College Norwich processing your information for the purposes listed and for statistical analysis, research and administration.

Name of young person

- I give permission for MINT to obtain information regarding my additional support needs.

Yes ☐

No ☐

- I give permission for MINT to share information about my needs with other relevant professionals and employers.

Yes ☐

No ☐

- I give permission for MINT to share information about my employment progress with my parents/carers.

Yes ☐

No ☐

- I give permission for MINT to take photos of me and use them in any publicity or advertising relating to the project.

Yes ☐

No ☐

- I give permission to go off site to explore job opportunities where necessary. This may also involve accessing public transport.

Yes ☐

No ☐

Signed (Young Person)

Signed (Parent/Carer)

Date

After completing this form please sign below to say that:

- All the information given is true and accurate
- All relevant information has been disclosed
- All criteria has been met by the young person

Young Person Signed:

Referrer Signed:

Date:

Please return this completed form to:

Jan Maddix, Job Coach Co-ordinator, MINT, City College Norwich, Ipswich Road,
Norwich NR2 2LJ

For Staff Use Only

Date referral form received in the office:

Date young person contacted:

Date of meeting for Employment Profile:

