



VTF - Vocational Training Framework – Referral Form

Forename		Surname	
Address Line 1			
Address Line 2			
Name of Town or City		Postcode	
Date of Birth:		Gender:	
Phone Number:		Email	

How do you wish to be contacted?

Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>	Text	<input type="checkbox"/>
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VTF Training suitability check - please tick or comment if not fully met

Are you available to start work following the training?	<input type="checkbox"/>
Can you show good level of English language literacy and numeracy (coursework and sector requirement)	<input type="checkbox"/>
Are you keen to work within chosen employment sector?	<input type="checkbox"/>
Have you got a full availability to attend the course dates (if dates are provided)?	<input type="checkbox"/>
If date is not provided, please comment from when you are available.	

Do you require any adjustments to take part in the training?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Comments:		

Please select who referred you to the VTF training and provide contact information.

<input type="checkbox"/> I made a self-referral	Referral Contact information: Organisation Name: Contact name: Phone: Email:
<input type="checkbox"/> An organisation made a referral on my behalf	
<input type="checkbox"/> Unsure	

What is your current employment and education status?

<input type="checkbox"/> Employed Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> In Education
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Are you in receipt of state benefits? If so please state which:

<input type="checkbox"/> Universal Credit	<input type="checkbox"/> JSA/ESA	<input type="checkbox"/> PIP	<input type="checkbox"/> I'm not sure
<input type="checkbox"/> EMA	<input type="checkbox"/> Working Tax Credits	<input type="checkbox"/> Other	<input type="checkbox"/> I'm not on benefits

Which sector based Vocational Training are you interested in:

<input type="checkbox"/> Hospitality	<input type="checkbox"/> Construction
<input type="checkbox"/> Early Learning & Childcare	<input type="checkbox"/> Admin & Finance
<input type="checkbox"/> Health and Social Care	<input type="checkbox"/> IT/Digital
<input type="checkbox"/> Warehouse/Manufacturing	<input type="checkbox"/> Retail
<input type="checkbox"/> Other – please specify:	

Declaration

I confirm that I am happy for Capital City Partnership and/or a relevant Training Provider to hold the information given in this form in order to provide me with an employability/training service. I understand that, should I not be accepted into the service or decide not to use the service, then Capital City Partnership may send me details of another service that I may be eligible for. I understand that I have the right to withdraw my data, in which case I can contact: Gosia Lysakowska, Training Coordinator, 165a Leith Walk, Edinburgh, EH6 8NR, TrainingAcademy@capitalcitypartnership.org.

Full Name:

Signed: Date: