

## 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	
National Insurance Number:			

How do you wish to be contacted? Tick at least one option.

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 right away, following the training? Tick the box if yes. Comment below if you have any working restrictions.	<input type="checkbox"/>
Can you show good level of English language literacy and numeracy (coursework and sector requirement). Tick the box if yes or comment below if you think you may require support (tell us what sort of support)	<input type="checkbox"/>
Have you got Right To Work in UK and can provide evidence? Tick if yes or comment below if you have any restrictions.	<input type="checkbox"/>
Have you got a full availability to attend the course (if dates/times are provided)? Please tick the box or comment below.	<input type="checkbox"/>
If date is not provided, please tell us from when you are available, and/or if you have any other responsibilities or appointments booked (when):	

**Do you require any adjustments to take part in the training? i.e. due to health condition or disability**

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

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

<input type="checkbox"/> I made a self-referral	<b>Referral Contact information:</b> 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 – please read and sign to confirm your consent to the below statement:**

I confirm that I am happy for Capital City Partnership and/or a relevant Training Provider to hold the information about my personal details and circumstances, 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](mailto:TrainingAcademy@capitalcitypartnership.org).

Full Name: .....

Signed: ..... Date: .....