|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Access Progress/Access Data** | | | | | | | | |
| **External Referral Form** | | | | | | | | |
|  | | | | | | | | |
| **Referrer Details** (if self-referring only complete Client Details) | | | | | | | | |
| **Organisation:** |  | | | | **Contact Name:** | |  | |
| **Date of Referral:** |  | | | | **Contact Details:** | |  | |
| **Client Details** | | | | |  | | | |
| **Client Name:** |  | | | | **Gender:** | |  | |
| **Client Address:** |  | | | | **Postcode:** | | EH | |
| **Client Phone No:** |  | | | | **Client e-mail:** | |  | |
| **Date of Birth:** |  | | | | **N.I. Number:** | |  | |
| **Reason for referral/assistance required:** | | | | | | | | |
|  | | | | | | | | |
| **What would the client like to get out of our support?:** | | | | | | | | |
|  | | | | | | | | |
| **Essential Criteria** *(Must tick three)* | | | | | | | | |
| Parent/Guardian | | Unemployed | | Low Income  (Access Data referrals only) | | | | Living in Edinburgh |
| **Additional Criteria** *(tick all that apply)* | | | | | | | | |
| Lone Parent | | Has a disability | | Has a disabled child | | | | Aged under 25 |
| Has 3 or more children | | Youngest child under 1 | | Minority ethnic background/BAME | | | | |
|  | | | | | | | | |
| Forms can be returned to caseworkers/coordinator at: | | | | | | | | |
| Helen Murray  Access Progress Caseworker  [helenmurray@accesstoindustry.co.uk](mailto:helenmurray@accesstoindustry.co.uk) | | | Magda Gucman  Access Data Coordinator  [magdagucman@accesstoindustry.co.uk](mailto:magdagucman@accesstoindustry.co.uk) | | | Rachael Hessey  Access Progress/Access Data  Caseworker  [rachaelhessey@accesstoindustry.co.uk](mailto:rachaelhessey@accesstoindustry.co.uk) | | |
| Or our administrator at [mail@accesstoindustry.co.uk](mailto:mail@accesstoindustry.co.uk) | | | | | | | | |