**Training & Skills Academy – Retail Academy at FKRC**

**Date:** 25/10-5/11/2021

The course will be delivered **face-to-face.**

**Duration:** Monday to Friday 10am-4pm

**Venue: Fort Kinnaird Recruitment Centre**

|  |  |
| --- | --- |
| Name of Candidate |  |
| Postcode of Candidate |  |
| Candidate NI |  |
| Telephone Number |  |
| Email Address |  |

**Eligibility Criteria (all of these need to be met in order to be referred, please discuss if unsure)**

|  |  |
| --- | --- |
| Receiving Universal Credit/JSA/ESA Benefit |  |
| Age 16 + |  |
| Stage 4 on the employability pipeline |  |
| Available to start work immediately |  |
| Good level of literacy and numeracy (coursework and sector requirement) |  |
| Good level of English |  |
| Strong desire to work within the hospitality/retail sector |  |
| Has a National Insurance number |  |
| Enjoy working with people and has a passion for delivering high level customer service |  |
| Full availability to attend the course dates |  |
| Flexibility in around future working patterns |  |

Please say a few words about your client and why you think the course is suitable for them:

|  |  |
| --- | --- |
| I can confirm that my client meets all the above criteria |  |
| I can confirm that the client has given permission for their details to be added to the Capital City Partnership Training & Skills Academy Talent Bank and is happy to be contacted about further training & employment opportunities. |  |
| I can confirm that the client has given permission to be contacted by a member of Capital City Partnership staff or a Training delivery partner working on their behalf to engage with the next stage of the course selection process. |  |

|  |  |
| --- | --- |
| Advisor Name |  |
| Telephone Number |  |
| Email Address |  |
| Current Benefit |  |
| Jobcentre |  |

**Referral forms to be emailed to CCP Training Coordinator:**

**gosia.lysakowska@capitalcitypartnership.org**