|  |  |
| --- | --- |
| **Participant Details (Please Complete all Fields)** | |
| First Name: | Address: |
| Surname: | Address 2: |
| Known As: | City: Glasgow |
| National Insurance No: | Postcode: |
| Date of Birth: | Email: |
| Home Tel No: | Mobile No: |

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| **Evidence Required from a Participant to Register with ChoiceWorks (Please Confirm)**  All Evidence is a requirement of the Scottish and UK Governments.  ChoiceWorks will endeavour to support with the evidence process if your client does not have any of the information below. | |
| **Identification**  (Birth Certificate/Passport) |  |
| **Address Confirmation**  (ie. Utility Bill/Appointment Letters dated within the last 12 months) |  |

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| **Referrer Details** | |
| Agency Name |  |
| Worker Name |  |
| Worker Job Title |  |
| Address |  |
| Phone No |  |
| Mobile No |  |
| Email |  |
| Date Client Started Work with Agency |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please Indicate Where Specific Support is Required (Select all that apply)** | | | | | | | | |
| Employability Skills |  | Education |  | Benefits/Welfare |  | Health & Wellbeing |  |
| Training |  | Housing |  | Literacy & Numeracy | | |  |

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| **Relevant Offending/Convictions** |
| Please give details of offending/convictions over the past two years:  Risk Factors: |

|  |  |
| --- | --- |
| **Personal and Social Circumstances** | |
| Family/Social: | Training/Education/Employment: |
| Health: | Leisure/Recreation: |

|  |  |
| --- | --- |
| **Community Payback Details (if applicable)** | |
| Payback Supervisor Name |  |
| Name and Contact Details of Social Worker (if known) |  |
| Date Order Commenced |  |
| Number of Hours |  |
| Days Attending Payback |  |

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| --- | --- | --- | --- |
| **Other Agency Involvement (if known)** | | | |
| **Agency** | **Worker’s Name** | **Contact No** |
| Social Work |  |  |
| Addictions |  |  |
| Jobcentre |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |
| Other (please specify) |  |  |

**ChoiceWorks will undertake a Disclosure check via Police Scotland on receipt of your referral. If you agree to the sharing of your personal information, please confirm by signing below.**

**CLIENT** **REFERRER**

Print Name Print Name

Signature…………………………………...... Signature…….…………….................................

Date Date

**Once completed, please return this form to** [commsafetychoiceworks@glasgow.gov.uk](mailto:commsafetychoiceworks@glasgow.gov.uk)

**Our Privacy statements can be found at** <https://www.glasgow.gov.uk/choiceworks>