|  |  |
| --- | --- |
| Participant Name |  |
| Participant Address |  |
|  |
| Postcode |
| National Insurance number (Optional) |  |
| Date the Participant was referred to Add Partner name ‘Add programme name’ ESF programme |  |
| Participant employment status | Unemployed (is out of work, immediately available for work and actively seeking work)  Economically inactive (not in employment, not seeking work within the last 4 weeks and/or unable to start work within the next 2 weeks) |
| Duration of continuous unemployment or economic inactivity | 0 - 6months  6 - 12 months  12 - 24 months  2 - 3 years  3 years or more |
| **I confirm that the participants name, address and employment status information above is correct at the point of referral to the** Add Partner name ‘Add programme name’ **ESF programme** | |
| Print Name |  |
| Signature |  |
| Date of Signature |  |
| Position |  |
| Organisation Name |  |
| Telephone Number |  |
| Email Address |  |
| Company stamp |  |