



# Hail To Work Employee Referral Form

**No referral can be accepted without this document being completed. Submitting a referral will not guarantee HAIL to Work accept the individual for employment. However, if unsuccessful we will endeavour to sign post to a more appropriate organisation.**

<b>Today's Date</b>

## What type of work is the individual looking for?

<b>Cleaning</b> <input type="checkbox"/>	<b>Gardening</b> <input type="checkbox"/>	<b>Travel Mate</b> <input type="checkbox"/>	<b>Other</b> (Please Specify) <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 2px;"></div>
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## Personal Details

<b>Name</b>	<b>Date of Birth</b>
<b>Address</b>	<b>Gender</b>
<b>Postcode</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
	<b>Mobile Number</b>
	<b>Landline Number</b>
	<b>Email</b>

Has the individual ever been subject to a DBS Check? Yes  No

<b>Date of Issue</b>	<b>Certificate Number</b>
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If yes, is there any relevant information that should be declared?

## Referring Agency Details (if applicable)

<b>Name</b>	<b>Mobile Number</b>
<b>Address</b>	<b>Landline Number</b>
<b>Postcode</b>	<b>Email</b>

## Diagnostic Information



Has the individual been diagnosed with either a Learning Disability, Autistic Spectrum Condition, or Mental Health Condition? (Please give brief details including type of diagnosis):

What reasonable adjustments or support would be needed to allow the individual to carry out their work duties appropriately?

Is the individual Literate, Semi-Literate, or Illiterate?

Literate

Semi-Literate

Illiterate

Although there is some training and in-work support initially the majority of the work requires the individual to be able to work independently.

Is the individual able to:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Work with little to no supervision                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Travel independently                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Fill out and hand in time sheets at the end of the month  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Use the telephone   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Manage a set of keys if necessary                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Understand basic health and safety                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Adapt to changes of schedule/shift patterns               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Attend and contribute to monthly supervision with manager | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Retain information learnt on training                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Does the individual have a Freedom Pass?                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## Benefits

What benefits are the individual receiving?

## Employment History



Has the individual ever held a post of paid employment, volunteering, or work experience? If so, please give details below or submit a CV.

### Paid Employment

Date	Company/Organisation	Role	Duties

### Voluntary Work/Work Experience

Date	Company/Organisation	Role	Duties

## Education, Qualifications & Skills

Please give details of any relevant education, qualifications, skills, certificates, or training.

## References



Please provide details of two references. Hail will not contact references without permission.

### Reference 1

Name	<input type="text"/>	Mobile Number	<input type="text"/>
Address	<input type="text"/>	Landline Number	<input type="text"/>
		Email	<input type="text"/>
Postcode	<input type="text"/>		

### Reference 2

Name	<input type="text"/>	Mobile Number	<input type="text"/>
Address	<input type="text"/>	Landline Number	<input type="text"/>
		Email	<input type="text"/>
Postcode	<input type="text"/>		

## About The Applicant

Finally, please tell us a little about the individual applying for a job. This can include interests and hobbies, why they want to work at HAIL? What they would like to achieve from working with us?

# What to do next...

## Checklist

- This completed referral form
- CV

Please send referral and supporting documents via:

Email:

[hailtowork@hailtld.org](mailto:hailtowork@hailtld.org)

Or

Postal Address:

### **HAIL to Work**

Tottenham Town Hall  
Town Hall Approach Road  
Tottenham  
London  
N15 4RY



# HAIL to Work

[www.hailtld.org/Employment](http://www.hailtld.org/Employment)

