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**Nottinghamshire Health and Work Service**

Helping unemployed residents of Nottinghamshire

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| **REFERRAL CRITERIA**  Unemployed and have health obstacles to moving closer to work. NOT IN THE WORK PROGRAMME | |
| Please complete the form and fax to  **0116 2851716** | Fit For Work Team  Tel: **0116 2851710** |

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| **GP REFERRER DETAILS** | | | |
| Name and address of referrer |  | | |
| Contact Tel No |  | Date referred |  |

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| **Details of person wishing to make use of the service** | | | |
| Full Name |  | Date of Birth |  |
| Best contact numbers | Home:  Mobile: | Gender  Male Female Prefer not to say | |
| Address  Postcode |  | | |
| Please outline the clients current health condition that is impacting their ability to carry out usual activity : | | | |
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| **Reason for Referral -**  p**lease tick all the obstacles that apply:**  *Pre-Work programme  Post-Work programme*  *In need of job search support  Social Isolation*  *Debt/financial worries  Housing Issues/anti-social behaviour*  *Relationship difficulties  Substance misuse*  *Poor lifestyle/health behaviours  Poor sleep pattern*  *Poor daily routine/self care  Confidence building*  *In need of careers advice  Unable to manage health condition*  Date for referral to Work Programme:  Are there any risk issues we should be aware of? **YES/NO\*** *(If yes, please provide details)*  Is an interpreter required **YES/NO\*** (if yes please state language):  **By signing this form you agree to your GP faxing/posting this referral to the Fit for Work Team**  Sign: Date: |