

Expression of Interest Form

Referrer name, email and organisation					
First Name(s):			Surname:		
16 - 18	19 - 24		25+		
Address & Postcode:					
Phone number:					
Email:					
Highest Qualifications Achieved, e.g. GCSE:					
Employment Status		Unemployed over 12 months?		Type of Benefit Length of Claim & element	
Preferred Contact	Phone call <input type="checkbox"/>	Text <input type="checkbox"/>	Email <input type="checkbox"/>	Letter <input type="checkbox"/>	
Preferred Language	English <input type="checkbox"/>	Welsh <input type="checkbox"/>	Is childcare your main barrier? Y N		
Details <i>e.g. work history, qualifications, PV, goals</i>					

Declaration

We are committed to protecting your personal information and complying with the General Data Protection Regulations (GDPR) & Data Protection Act 2018. We only ask for information we need to help provide you with up-to-date, impartial information, advice and guidance.

I have read the information above and understand why this information should be shared between the referring organisation and Employability Bridgend, and consent to being contacted for employability support.

If, for any reason, I am not eligible for Employability Bridgend, I consent to my details being shared with the relevant support agency.

Print Name		Signed	
Date			

Email: employability@bridgend.gov.uk

Internal use only

Feedback provided	Triage	Mentor	1st Contact:	2nd Contact:	3rd Contact:
Initial and Date			Date & Method	Date & Method	Date & Method

