



# Young Person's Guarantee Volunteer Strand

## Referral Form

PLEASE COMPLETE ALL RELEVANT SECTIONS IN BLACK INK AND IN CAPITALS

TYPE OF REFERRAL \*(DELETE AS APPROPRIATE)

\*SELF/ORGANISATION

Organisation Referral (do not complete if self referral)

|               |                      |                    |                      |
|---------------|----------------------|--------------------|----------------------|
| Referrer Name | <input type="text"/> | Referrer Telephone | <input type="text"/> |
| Organisation  | <input type="text"/> | Date of Referral   | <input type="text"/> |

Participant Details

|                      |                      |                       |                      |
|----------------------|----------------------|-----------------------|----------------------|
| Participant Name     | <input type="text"/> | Participant Telephone | <input type="text"/> |
| Address              | <input type="text"/> | Mobile                | <input type="text"/> |
| Postcode             | <input type="text"/> | E-mail                | <input type="text"/> |
| Last School Attended | <input type="text"/> | School Leaving Date   | <input type="text"/> |
| Date of Birth        | <input type="text"/> | Age at Referral       | <input type="text"/> |

## Eligibility Groups

Please indicate all groups which apply to the young person:

- Unemployed (excluding those in full time education)
- About to leave school without a positive destination
- In low paid employment
- At risk of redundancy
- At risk of losing an apprenticeship
- Leaving training, volunteering, college or university without a positive destination
- Low-skilled
- Without qualifications at SCQF 5 or above
- Underemployed

## Preferred Option

Please indicate the young person's preference relating to opportunities available:

YPG Waged Opportunity with an employer

Formal Volunteering with Third Sector Interface

## Other Agency Involvement

*Please give details if appropriate*

## Data Protection Act

The information you provide in this form will be used to process your Young Person's Guarantee registration. This information may be passed to the Scottish Government and other bodies concerned with the operation, monitoring and evaluation of No One Left Behind.

Referrer Signature:

Date:

Participant Signature:

Date:

Please email form to [ypg@argylltsi.org.uk](mailto:ypg@argylltsi.org.uk)