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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 TeamTel: **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 |
| AddressPostcode |  |
| 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: |