



# **EMPLOYMENT SUPPORT TEAM** **Independent Travel Training**



## **Personal Details**

<b>Title:</b>			
<b>Forename(s):</b>			
<b>Surname:</b>			
<b>Address:</b>			
<b>Postcode:</b>			
<b>Phone No(s):</b>	Home:		Mobile:
<b>Email:</b>			

<b>Date of Birth:</b>			
<b>National Insurance Number:</b>			
<b>SWIFT Number:</b>			
<b>Next of Kin: Name</b>			
<b>Address</b>			
<b>Phone No(s):</b>	Home:		Mobile:
<b>GP Name:</b>			
<b>Address:</b>			
<b>Phone No:</b>			

Learning Disability Eligibility		Yes (✓)	No (✓)
Learning Disability			
Autistic Spectrum Disorder			
*** Referrals shall only be progressed if individuals have a Learning Disability. ASD may be in addition to this.			
<b>Please Specify:</b>			

Independent Travel Support		
	Yes (✓)	No (✓)
Is additional ongoing 1:1 support required for ITT?		
Name of organisation / individual providing additional support		

Current / Previous Independent Travel Experience or Training (Most recent first):		
Training / Organisation Name	Dates	Details of Training / Qualifications

Usual Weekly Routine (Please details commitments that may affect flexibility with days / times of travel):						
Mon	Tues	Wed	Thu	Fri	Sat	Sun
am						
pm						
Evening						

Type of ITT Referral	Please Detail Further
To access Employment	
To access Work Experience	
To access Voluntary Work	
To access Day Opportunity Services	
Name of Day Opportunities link/key worker (where applicable)	
To access other Opportunities (Please specify)	

<b>Identity – Who Is The Person?</b> Please tell us about information related to the above (Brother, Son, Friend, etc)
<b>Personal Qualities – Hobbies / Interests / Skill / Talents:</b> Please tell us about information related to the above

<b>Support Network – Other Important People in the Person’s Life?</b>
<b>Where do you live and who with?</b> (Parents, Carers, Relatives, Partner, Children, Friends)
<b>Are you involved with any other support agencies?</b> (GP, Housing Support, Community Worker, SW, Advocacy):
<b>Are you involved with anything in the Community?</b> (Leisure & Social Groups, Work Colleagues, Church, College, Hairdresser, etc)

Additional Information – To Keep the Person Health & Safe	
Physical Health / Medications / Allergies:	
General Wellbeing:	
Mobility & Transport Requirements:	
Communication:	
Identified Risk(s) & Risk Management:	Behaviours, Vulnerability, etc
Other:	

Name of Person Completing the Referral:  
Signature:

Designation:

Contact details:

Address:
Tel:
Email:

Date

This referral should be completed and sent in the first instance to:

The Employment Development Managers  
Employment Support Team  
41d St. Catherine's Road  
Perth  
PH1 5SJ

Tel No: 01738 477638  
[HCCEmploymentSupport@pkc.gov.uk](mailto:HCCEmploymentSupport@pkc.gov.uk)

- ⇒ Please complete Referral Form as much as possible.
- ⇒ Should you not wish to share / not have some of the information, the Referral Form shall still be progressed.

## Data Protection Statement

### HOW WE USE YOUR PERSONAL INFORMATION

- The information provided by you will be used by Perth & Kinross Council to assist in the development and planning of services to meet your personal outcomes. These personal outcomes will be related to day opportunities, supported living, and employment support services.
- The information will not be disclosed to third parties / The information may be shared with NHS and other care partner agencies in the development and planning of services.
- The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

*For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection); email [dataprotection@pkc.gov.uk](mailto:dataprotection@pkc.gov.uk) or phone 01738 477933.*