



Funded by
UK Government
Wedi ei ariannu gan
Llywodraeth y DU



Llywodraeth Cymru
Welsh Government



Enquiry and Referral Form

Please fill in your details for the questions overleaf.

The information provided will be used to determine the best provision available to support your needs. More information may be collected by a member of the Triage team, or your allocated delivery provider.

Privacy Notice Torfaen County Borough Council.

We process data about you in compliance with the General Data Protection Regulation (GDPR) so that we can offer you the most appropriate support and training. We are the data controllers. We will share the minimum necessary data about you within the service (or wider within the Council where you have agreed) to ensure that you receive the best support.

You have the right to see a copy of the personal data we hold about you, the right to request that inaccurate data is corrected, erased or destroyed and the right to object to processing if it is likely to cause damage or distress. If you have agreed to provide us with special category data (ethnicity and health conditions) we do not rely on your consent for processing this data under GDPR. Where you have agreed to let us contact you about related services you have the right to withdraw your consent later.

We will only keep this data in line with our 6 month retention period; unless you go on to receive support.

This is our short form notice, for the full privacy notice please go to the Data Protection section of the Council's website.

<https://www.torfaen.gov.uk/en/AboutTheCouncil/DataProtectionFreedomofInformation/DataProtection/Data-Protection.aspx>

TCBC Office Use only	This section is reserved for processing the form		
Date Enquiry Received:		CfW Postcode?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Triage Officer:		Triage Assessment date:	
Triage Decision:	Recommendation accepted <input type="checkbox"/> OR Referral route selected _____		
Date Enquiry closed:		Reason:	

**FFYNIANT
— BRO —**



**LEVELLING
— UP —**

Are you completing this form on behalf of yourself?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes please skip Referrer details
Referrer Name		Referrer Agency
Referrer Contact		Consent for referral received? Yes <input type="checkbox"/>
How did you hear about Torfaen Works?		

Title		First Name(s)	
Surname		Date of Birth	
Preferred language for communication:	Welsh <input type="checkbox"/>	English <input type="checkbox"/>	Other (please specify):

Address			
County		Postcode	
Contact Number(s)		Email Address	

Are you a UK citizen or do you have permission to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Employment Status	Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> In full time Education or Training <input type="checkbox"/>		
	Not in work, available for and seeking work <input type="checkbox"/>	If not in work or education how long out of work?	_____yrs
	Not in work and not seeking work <input type="checkbox"/>		_____mnths

Do you have a long-term health condition which makes working, attending training and/or everyday activities more of a challenge?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
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You may provide brief details if you would like.	
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Reasons for enquiry. Please tell us what you would like help with. What support do you hope to get from this enquiry?

Would you like to improve your skills in...	Literacy (English) <input type="checkbox"/>	Numeracy (Maths) <input type="checkbox"/>	ICT (Digital) <input type="checkbox"/>
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I agree to my details being used to contact me in relation to skills, training and employment opportunities from other Torfaen Council services in the future. You can opt out later if you change your mind.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Signed by		Date:	
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