



INTERVIEW/DATA COLLECTION FORM

Registration Date: _____

Case Worker Name: _____

PERSONAL DETAILS

First Name: _____

Family Name: _____

**How do you pronounce your name?
Or are you known by another name?**

Address: Flat No: _____
Street: _____
Area: _____ City: _____ Post Code: _____

Home Tel: _____

Mobile Tel: _____

E-mail: _____

NI Number (if applicable): _____

Date of Birth: _____

Nationality: _____

Gender: Male Female

Ethnicity: _____

Do you have Health Issues? YES NO
Details: _____

Current Status: (please tick)
 AS S4 BME LR ILR LLR 5yrs
 DLR 3yr DLR 5yr HP EU citizen UK citizen Migrant
 Spouse visa Iraqi Service Group Primary Eligibility Tier 1 (Student Visa)



Date arrived in UK:	Date claimed asylum in UK:
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Date Given LR:	Expiry Date:
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Notes: *(particularly pertaining to the progress of their case)* _____

HO Number (if applicable):	Permission to work? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Photo ID: (please tick)	<input type="checkbox"/> Passport:	<input type="checkbox"/> ID Card	<input type="checkbox"/> Driving License
Proof of Address:	<input type="checkbox"/> H.O. Letter	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> JCP
NB: All clients must provide ID (Scan & save in client electronic file)			<input type="checkbox"/> Other:

PVG

Do you have PVG? <input type="checkbox"/> YES <input type="checkbox"/> NO	Current Disclosure Form	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO are prepared to pay £59 for new PVG (£18 to update from Disclosure to PVG)		<input type="checkbox"/> YES <input type="checkbox"/> NO

TRAVEL

Do you drive/have a Car?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you use Public Transport?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have bus pass?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Who pays for it?	_____
Would you be prepared to pay your own travel?	<input type="checkbox"/> YES <input type="checkbox"/> NO



DEPENDENTS

Are you here with your family? YES NO

If you have a partner, does he/she want information about The Bridges Programmes?
 YES NO

Do you have support in place for childcare?
If so What /Who _____ YES NO

NO OF CHILDREN / DEPENDENT

Dependents Name	Gender	DOB	Age

REFERRAL

Referral Agency: _____ Referral Officer: _____
 JANC: _____ JANC Caseworker: _____
 Referred by other: _____
 NOTE: This information should also be entered as the first page on actions, support measures and outcomes

Are you registered with other Agencies? (Please tick)

Red Cross SDS/ Career Scotland SRC Others _____
 Ingeous Working Links Work Programme Others _____



Current employment status
Are you unemployed? YES NO
Do you work? Full time Part-time **Where:** _____

Are you receiving Benefits? (Please tick) YES NO
 (If yes which one)
 Job seekers allowance (JSA) Incapacity Benefit Income Support
 NASS support NASS unsupported Other: _____
Does anyone else in your family receive benefits?
 Mother Father Husband Wife Son Daughter

When do you start your JSA? **Date:** _____
Where do you sign? Job centre Ingeus Working Links Other
Which branch? _____
What days do you sign on? Mon Tue Wed Thu Fri **Time:** _____
Are you a Lone Parent? YES NO

PRESENT STUDIES

What are you studying at present?			
SUBJECT	COLLEGE	CERTIFICATE	ANTICIPATED FINISH DATE

Availability for Course: _____
AM: _____ **PM:** _____



Notes:

EDUCATION in Country of Origin - CW scan & save certificates into client electronic file

Country:	Institution:	
Type Qualification:	No. Years studied:	Method: <input type="checkbox"/> PT <input type="checkbox"/> FT
Date Acquired Certificate:	Subject:	Copy Certificates Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO
Has this been checked by NARIQ <input type="checkbox"/> YES <input type="checkbox"/> NO Evidence provided <input type="checkbox"/> YES <input type="checkbox"/> NO		

Country:	Institution:	
Type Qualification:	No. Years studied:	Method: <input type="checkbox"/> PT <input type="checkbox"/> FT
Date Acquired Certificate:	Subject:	Copy Certificates Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO
Has this been checked by NARIQ <input type="checkbox"/> YES <input type="checkbox"/> NO Evidence provided <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION IN UK (NB if more courses add extra sheet)

Institution:	Course Studied & Level:	
Dates Studied: From: To:	Years / Months Studied:	Method: <input type="checkbox"/> PT <input type="checkbox"/> FT
Date Acquired Certificate:	SCQF Level:	Copy Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO
Notes:		



Institution:	Course Studied & Level:		
Dates Studied: From: To:	Years / Months Studied:	Method:	<input type="checkbox"/> PT <input type="checkbox"/> FT
Date Acquired Certificate:	SCQF Level:	Copy Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Notes:			

WORK/COMMUNITY BASED TRAINING

Training or Skills Title	Course Provider	Notes

IT Skills:	
Other:	

Do you have a CV? YES NO
NB: All clients who have a CV must provide us with a copy (Scan & save in client electronic file)

Have you applied for ILA? YES NO

Do you know what this is? YES NO
Give client copy of ILA form

LANGUAGE SKILLS

English Language

	Basic	Pre-intermediate	Intermediate	Advanced	Mother Tongue
Speaking					
Listening					



Reading					
Writing					

Other languages

Language	Basic	Pre-intermediate	Intermediate	Advanced	Mother Tongue

JOB HISTORY in Country of Origin

Country:	Employer:
Job Title:	Start Date: Length of Job: End Date: Paid <input type="checkbox"/> Unpaid <input type="checkbox"/>
3 Main Duties: 1. 2. 3. Reason for Leaving:	

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Country:	Employer:
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Job Title:	Start Date:	Length of Job:
	End Date:	Paid <input type="checkbox"/> Unpaid <input type="checkbox"/>
3 Main Duties: 1. 2. 3. Reason for Leaving:		

Country:	Employer:	
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3 Main Duties: 1. 2. 3. Reason for Leaving:		

JOB HISTORY in UK

City:	Employer:	
Job Title:	Start Date:	Length of Job:
	End Date:	Paid <input type="checkbox"/> Unpaid <input type="checkbox"/>
3 Main Duties: 1. 2. 3. Reason for Leaving:		

City:	Employer:	
Job Title:	Start Date:	Length of Job:
	End Date:	Paid <input type="checkbox"/> Unpaid <input type="checkbox"/>



<p>3 Main Duties:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>Reason for Leaving:</p>

City:	Employer:	
Job Title:	Start Date:	Length of Job:
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<p>3 Main Duties:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>Reason for Leaving:</p>

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<p>3 Main Duties:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>Reason for Leaving:</p>

MEMBERSHIP OF PROFESSIONAL BODY

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BARRIERS TO EMPLOYMENT

Please tick any of the following categories which apply to you (you may tick more than one box)	
Ethnic Minority	✓
Lone Parent/No Child Care	
Poor English	
Family/Caring Responsibilities	
Numeracy Problems	



No Permission to Work	
Homeless	
Lack of Confidence	
Lack of Work Experience	
No Qualifications	
General Health Issues	
Others	

PLACEMENT SOUGHT

Preference:

1. _____
2. _____
3. _____

What are your hobbies and interests? _____

CLIENT COMMENTS

Why do you want a placement? _____



Additional Notes:

Case Worker: _____ **Date:** _____

Signed by Client: _____

Client Profession / Occupation: _____



REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975 AS AMENDED CRIMINAL CONVICTIONS: DECLARATION FORM

(a) ADVISORY NOTE

Participants **(1)** will undertake shadow work placement. For some placements working with children and vulnerable adults, police checks will need to be taken up as part of the application process. However, Bridges requires all clients declare information about all criminal convictions against them **(2)**.

Please note that for the purpose of this declaration your work as a participant on placement would be excluded from the protection of the Rehabilitation of Offenders Act 1974 (Exception) Order, 1975, as amended. You are not entitled to withhold information on a criminal conviction on the grounds that is 'spent' or forgotten under this act **(3)**.

Any convictions declared will be discussed with you at interview and would not automatically stop you from joining the placement programme **(4)**.

b) DECLARATION

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OR DO YOU HAVE A COURT CASE PENDING? **YES/NO**

c) **DATE OF ENTRY INTO UK**.....

d) ADDITIONAL INFORMATION

If you answered 'YES' to the declaration you are now required to supply the details:

DATE	DETAILS OF OFFENCE	SENTENCE
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You must tell us about any convictions you have, as many jobs will require an enhanced criminal disclosure. When you tell us about your convictions, it means we are able to advise you properly about your career and if necessary, find out the best way to tell employers about your conviction or recommend other careers. A criminal conviction won't necessarily prevent you going on placement or following your chosen career, but if you don't tell us about any convictions there is a chance you will be removed from your placement, course or any other activity.

Signature: _____

Date: _____



Client Contract

Bridges Copy

TERMS & CONDITIONS

The Information you have provided in the data collection about your benefits, Status & Criminal conviction, if any of this information is deliberately falsified Bridges reserves the right to withdraw your support with immediate effect.

Your commitment:

- If you are on a Bridges Course 100 % Attendance is required from you
- If you are on a Placement you must be able to attend every day scheduled for you
- You must be on time for all Bridges Programmes appointments/courses/placements.
- Please Bring all paperwork as requested (Photo, Immigration Status, Proof of address)
- You must sign Criminal Conviction Disclosure form
- Please Notify if Change of Address, Status, Telephone Number Or Email Address.
- Please attend all review meetings as required.
- If you receive Messages or phone call please respond immediately otherwise you may lose a good opportunity.
- If you do not attend an activity you have agreed to without prior notice & good reason, this could lead to termination or withdrawn.

Bridges Commitment:

- Conduct Skills audit
- Assist with Personal Action Plan
- Make appropriate recommendations for Support
- Will try to Offer you a suitable opportunity on a course or Placement
- Will undertake regular reviews of progress
- Will keep your Data secure and confidential
- Keep appointments made
- Will always give you honest feedback and advice

Case Worker Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____



Client Contract

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Case Worker Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____