**Eligibility**

You must be aged 16+ to take part in this programme.

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| **YOUNG PERSON TO COMPLETE Self Referral** YES / NO**Who is paying for your Unitas membership?** Please circle: Myself/Other/ Agency -Agency Name:**Name:** **DOB:**  **Age today:****Address:****Postcode:****Telephone (home): Mobile:****Email Address:****What is your current situation?** Please circle: Education/ Employment/ Training/ NEET**How can the Ambitions Programme best support your needs? Please give details.****Declaration**I confirm that the information on this form can be shared only as required within the remit of this course. By signing up to the Ambitions programme I agree to complete the full 6 week course.**Signature:** **Date:** |
| **REFERRAL AGENCY DETAILS if applicable****Referring Organisation:****Name of worker making referral:****Contact Address: Postcode:** **Email Address:****Telephone (work): Mobile:****Internal purposes only:**  |
| Referral received | Received by worker | Added to Salesforce | Membership No | Cohort NEET |