**Eligibility**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |