Withdrawn

**This publication has been withdrawn.**

This publication is no longer current and is not being updated. It is published here for reference only.

**Needs Assessment Referral**



This report framework should be flexible and open to change to allow us to respond to change in the life of the contract.

**Customer Name:**

**Customer URN:**

**Customer NINO**

|  |  |
| --- | --- |
| **Is this customer being referred under AtW?** | **Yes/No –** (Please delete appropriately) |
|  |  |
| **Is this customer being referred under the AtW Plus Proof of Concept?** | **Yes/No –** (Please delete appropriately) |

|  |  |
| --- | --- |
| **Is this customer being referred under TESG?** | **Yes/No –** (Please delete appropriately |

|  |  |
| --- | --- |
| **Is this customer being referred under Supported Internships?** | **Yes/No –** (Please delete appropriately |

**NB: All AtW Plus Proof of Concept & Supported Internships assessments must be Face to Face**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment Type:** | **Face to Face** |  |  **Virtual** |  |

**Place of Assessment:(Full name and address including details of additional sites to be visited.)**

**Please complete the details for both face to face and virtual assessments**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Yes/No –** (Please delete appropriately) |

**Additional ID required**

|  |
| --- |
|  |

**Preferred Contact details**

**Work Home Other**

**Email Mobile**

**Employment Contacts**

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Contact details** |
|  | i.e. Line manager |  |
|  | IT contact |  |
|  | Site manager |  |

**Availability of customer/line manager/other key contacts in the next eight working days. Please also include availability on non-working days/out of working hours if appropriate.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Days** |  |  |  |  |  |
| **HRS** |  |  |  |  |  |  |  |  |  |  |
| **Days** |  |  |  |  |  |
| **HRS** |  |  |  |  |  |  |  |  |  |  |

**Disability description**

|  |
| --- |
|  |

**Job Title/Description**

|  |
| --- |
|  |

**Current reported performance against job tasks (impact of disability)**

|  |
| --- |
|  |

**Organisational Set Up** *–*

|  |
| --- |
|  |

**Detail the customer’s experience with previous solutions**

|  |
| --- |
|  |

**Access to Work Adviser Name**

**Access to Work Adviser Email**

**Access to Work Adviser Telephone Number**

**Date of referral**

***If you have any queries on the content of this report, please refer to your Access to Work Adviser on the telephone number above.***