

## Employability Request Form

**Please complete a form for each student and return to the Virtual School phase leader for referral**

Student Forename:

Student Surname:

M or F

School/College:

DOB:

School Year:

Best contact number for young person or carer:

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Referred by:

Phase Leader referral notified Y or N

Date of referral:

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Service Required (Please delete as necessary)

Please note WEX can only be offered if the YP has NOT been regularly missing in care during the past 3 months.

- Post 16 1-1 Careers Interview (CIAG)
- One week's work experience (WEX)
- Extended work experience (WEX)
- Careers / Inspirational Discussion
- Support / Follow up on a Y12 Application
- Any other – Please specify

If looking for WEX please add in brief any information that you feel the organisation should be made aware of prior to interview – YOS / Placement Move Due / Holidays Booked / General Character / Safeguarding concerns

Please advise in brief on - Disabilities / EHCP / Learning Difficulties / Behavioural Issues / Any Other

Please confirm the contact details of any persons that would require notification prior to meeting with the student: Mentor / Advocate / Independent visitor / Carer / SW / Virtual School staff

If there is a preferred date for the intervention?

**For office use only:**

Interview Date:

Place of interview:

Notes: