|  |
| --- |
| **“This project was approved by Government with support from the Dormant Accounts Fund”** |

**DAF Measure to support Employment of People with Disabilities**

**Limerick Youth Service Ability + Programme**

**Expression of Interest Form**

Please fill in this form to apply for a suitability assessment with the Ability+ Programme. This initial meeting will determine your suitability for the Programme.

 **1. Eligibility**

**Are you aged between 17 and 24?** Yes No

**Verification of age, please choose one**: Birth certificate Passport

 Driving Licence

**Do you live in Limerick City or surrounds?** Yes No

**Do you have a disability?** Yes No

*Please select all that apply (optional):*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Acquired disability |  | Chronic illness |  | Learning disability |  |
| Autism spectrum |  | Intellectual disability |  | Mental health condition |  |
| Physical disability |  | Sensory disability |  | Requested but not provided |  |

**Referral**

Limerick Youth Service

Referred by another organisation

In receipt of a disability allowance/illness benefit

Self Referral ­­

*(Proof of age and disability will be verified by the Ability Team and will be retained on file)*

1. **Personal details and profile information**

**First name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**: Female Male Other Prefer not to say

**Date of Birth:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Mobile number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **4. Supports Required by the young person to participate in the Ability Programme?** |
|  |
|  |
|  |
| **5. Expectations of the** |
| **Referrer:** |
|  |
|  |
|  |
| **Young Person:** |
|  |
|  |
|  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that the information provided

to determine my eligibility for the Ability+ Programme (funded by Government with support from the Dormant Accounts Fund), is true and accurate to the best of my knowledge. I acknowledge the data controllers may process my personal details for the purpose of assessing my eligibility for the Ability programme and to contact me directly with follow up correspondence.

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Guardian consent for U18s:**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**