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| https://www.pobal.ie/app/uploads/2023/08/WorkAbility_Strip-of-Logos-Version-2-without-DSP-1024x205.png*This project is co-funded by the Government of Ireland, through the Department of Social Protection, and the European Union* |

**Limerick Youth Service WorkAbility: Inclusive Pathways to Employment Programme.**

 **1. Eligibility**

**Are you aged between 16 and 25?** 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):*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mental Health Difficulty |  | Chronic illness |  | Learning disability |  |
| Neurodivergent |  | Intellectual disability |  | Other |  |
| Physical & Sensory disability |  | Sensory disability |  | Requested but not provided |  |

**Referral**

Limerick Youth Service In receipt of a disability allowance/illness benefit

Referred by another organisation

Self Referral ­­

*(Proof of age will be required on registration 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **3. Expectations of the** |
| **Referrer:** |
|  |
|  |
|  |
| **Young Person:** |
|  |
|  |
|  |

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

to determine my eligibility for the WorkAbility Programme, 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 WorkAbility programme and to contact me directly with follow up correspondence.

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

**Legal Guardian consent for U18s:**

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