 **ACTIVITY AGREEMENT **

**Registration and referral information**

**This form should be completed with the Young person**

**Advisors must read information and guidance notes before completing this document**

**Please ensure all sections of the form are completed,** **areas marked \* must be completed.**

**Personal information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename(s)\*** |  | **Surname\*** |  |
| **Address** | **Line1 \*** |  |
| **Line2** |  |
| **Line3** |  |
| **Line4** |  | **Postcode \*** |  |
| **DOB\*** |  | **National Insurance number\*** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Main/Home Phone\*** |  | **Mobile Phone** |  |
| **e-mail** |  |
| **Gender\*** |  |
| **Nationality \*** |  | **Place/Country of birth\*** |  |

|  |  |
| --- | --- |
| **Unemployed (registered as unemployed, e.g. receiving an unemployment related benefit)** | **Inactive (not working but not registered unemployed)** |
| **0-6 months** |[ ]  **0-6 months** |[ ]
| **7-12 months** |[ ]  **7-12 months** |[ ]
| **12-24 months** |[ ]  **12-24 months** |[ ]
| **25-36 months** |[ ]  **25-36 months** |[ ]
| **Over 36 months** |[ ]  **Over 36 months** |[ ]
| **Length of time since last worked (Please only include full time/part time employment where NI contributions were made)****Check “n/a” if never worked** |  | **Years**  | **n/a** |[ ]
|  |  | **Months** |  |  |

**Employment status (select one only)\***

**Citizenship status\***

|  |  |
| --- | --- |
| **EU/UK Citizen** |[ ]  **Asylum Seeker (Citizenship)** |[ ]
| **UK Visa Holder** |[ ]  **Refugee** |[ ]
| **Other (please give details)** |[ ]

**Ethnicity (please select one of the following)**

|  |  |  |
| --- | --- | --- |
| **White (Scottish)** |[ ]  **Asian (Pakistani)** |[ ]  **Black (African)** |[ ]
| **White (English)** |[ ]  **Asian (Indian)** |[ ]  **Black (Caribbean)** |[ ]
| **White (Welsh)** |[ ]  **Asian (Bangladeshi)** |[ ]  **Black (Other)** |[ ]
| **White (Irish)** |[ ]  **Asian (Chinese)** |[ ]  **Multi-ethnic background** |[ ]
| **White (gypsy/Traveller/Roma)** |[ ]  **Asian (Other)** |[ ]  **Other (Arab)** |[ ]
| **White (other)** |[ ]  **Prefer not to say** |[ ]  **Other Ethnic Background** |[ ]

|  |  |
| --- | --- |
| **Education (school)** |[ ]  **Social Work** |[ ]
| **Skills Development Scotland (careers)** |[ ]  **Self/family** |[ ]
| **HighLife Highland (Youth Work service)** |[ ]  **DWP (job centre)** |[ ]
| **Barnardos (Throughcare and Aftercare)** |[ ]  **Health** |[ ]
| **Other (please describe)** |[ ]   |

**Referring service\***

**Education training and employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last School attended\*** |  | **Date left School\*** |  |
| **Previously Educated at Home?**  |[ ]  **Date Activity Agreement will begin\*** |  |
| **Other education provision e.g. College/ training programmes or employment (please specify, including date finished)** |  |
| **SCN (Scottish candidate Number)\* appears on qualification certificates or can be obtained from school** |  |
| **Will EMA be applied for? \*** |[ ]   | **Date of application** |  |
| **Are you in receipt of any benefits? (please state which)**  |[ ]   |

**Primary eligibility criteria/barriers\***

**(Please see guidance and select all that apply and provide evidence in the section below)**

**Please note that participants should normally meet two or more of these criteria (please see guidance, check** [**www.highland.gov.uk/activityagreement**](http://www.highland.gov.uk/activityagreement) **for more information or contact the coordinators)**

|  |  |
| --- | --- |
| **From Rural Areas \*\* (1)** |[ ]  **From Employment deprived Areas\*\*(1)** |[ ]
| **Long- Term registered Unemployed** |[ ]  **No or limited Work Experience**  |[ ]
| **Low Skilled/low attainment in school** |[ ]  **Living in a Jobless Household (2)** |[ ]
| **Living in a -Jobless household which includes dependent children (2)** |[ ]
| **Living in a Single adult household which includes dependent children (2)** |[ ]
| **Primary Carer of older person** |[ ]  **Primary carer of another family member** |[ ]
| **Disability** |[ ]  **Mental Health Issues** |[ ]
| **Long-term physical illness/condition** |[ ]  **Homeless/affected by housing exclusion** |[ ]
| **Care experienced young person** |[ ]  **Substance Related Conditions** |[ ]
| **Criminal convictions** |[ ]  **Migrants** |[ ]
|  **Asylum Seeker** |[ ]  **Refugee** |[ ]

**\*\*** please check [here](http://www.highland.gov.uk/downloads/file/17211/rural_and_remote_and_employment_deprived_areas_postcodes_in_the_highlands) for the list of eligible postcodes (or see guidance)

**(1) (2)** Only one criteria of each of this type may be selected

|  |
| --- |
|  |

**Please supply details and evidence of eligibility and explain why the young person needs an Activity Agreement\* (see guidance; continue at back of form if required)**

**Qualifications\***

**Please select highest ISCED level of qualifications gained (see guidance)**

|  |
| --- |
| **Level 0 (nursery level)** |[ ]
| **Level 1 (up to primary level)** |[ ]
| **Level 2 (Access 1 up to Nat 4/Int 1 level)** |[ ]
| **Level 3 (Nat 5/Int 2 up to advanced Higher level)** |[ ]
| **Level 4 (Post school training above level 3, excluding tertiary education)** |[ ]
| **Level 5 (HND/HNC level)** |[ ]
| **Level 6-8 (ordinary degree and above)** |[ ]

**Please list any qualifications and certificated courses at back of form**

**Other involved agencies (please include description of work undertaken by referral agency if applicable) \***

|  |  |
| --- | --- |
| **Involved agency** | **Work undertaken** |
|  |  |
|  |  |
|  |  |

**Goals (to be completed by the young person)**

|  |  |
| --- | --- |
| **What are your long term goals** |  |
| **What is stopping you from achieving these goals** |  |
| **What do you hope to get out of working with this project?** |  |

|  |
| --- |
| **Do you consider yourself to have a disability?** |[ ]

**Parental contact for EMA\***

**If you are living with Parent(s)/Carer(s) and you are applying for EMA please give your Parent(s)/Carer(s) contact details here as this will assist with the application process.**

|  |  |
| --- | --- |
| **Parent(s)/Carer(s): Name(s)** |  |
| **Parent(s)/Carer(s): Address (if different)** |  |

**Referrers/Personal Advisors statement \***

* **I confirm that the number of hours per week which this Agreement constitutes is relevant to this young person’s needs, and is the maximum he or she can sustain at this time.**
* **I confirm that the information provided in the eligibility criteria section is accurate and up to date**
* **I agree to ensure the Activity Agreement Coordinators are notified immediately should the participant fail to attend the arranged provision at the times agreed. Failure to attend may result in non-payment of EMA.**

|  |  |
| --- | --- |
| **Referred by (name) \*** |  |
| **Organisation/role \*** |  |
| **Signature: \*** |  |
| **Contact details\*** | **Address** |  |
| **landline** |  | **mobile** |  |
| **e-mail** |  |
| **Personal Advisor (if different) \*** |  |
| **Organisation/role \*** |  |
| **Signature: \*** |  |
| **Contact details\*** | **Address** |  |
| **landline** |  | **mobile** |  |
| **e-mail** |  |
|  | **Referring organisations stamp (if available)** |  |

**Young Persons Statement and code of conduct**

**Please read carefully**

**I understand that by signing this form:**

* **I agree to take part in the learning set out in my Activity Agreement plan for the number of hours agreed with my Personal Advisor.**
* **I will attend all elements of my Activity Agreement regularly and punctually. I will notify my learning centre/training provider about absences before or on the first day of absence.**
* **I will do my best to achieve all the outcomes I am working towards in my Activity Agreement.**
* **I will treat everyone with consideration and respect, regardless of disability, gender, academic ability, ethnic origin or personal characteristics.**
* **I will look after my own property and be respectful other people’s property. If I need to wear overalls, footwear or any other personal protective clothing, I will bring it with me at all times.**
* **I will take care of my own well-being, and will not do anything to endanger or distress others.**
* **I will not attend any part of my Activity Agreement under the influence of, or in possession of alcohol or drugs. (This or any other illegal activity will be reported to your Personal Advisor and may be reported to the police.)**
* **I understand that if I am in receipt of EMA payments they may be withheld if I fail to attend my arranged activities without good reason.**

**DATA PROTECTION STATEMENT**

Under the Data Protection Act 1998 and in accordance with the GDPR 2016, we need your consent to share personal information about you with organisations operating along the employability pipeline. For further Information on this, please refer to our Privacy Notice available at [www.highland.gov.uk/employability](http://www.highland.gov.uk/employability)

The data will be used to support your progression towards employment, education, training or other positive outcomes. \*

To provide services it may be necessary for agencies to share information about you. This will only be done if necessary and all agencies will keep this information confidential.

By signing this form you agree to your information being shared in this way. You do not have to agree to this, but if you do not, it may take longer to provide services and you may have to provide the same information to several agencies.

**Declaration:**

* I understand that my information may be shared by agencies concerned with providing services for me. By signing this form, I agree to relevant information being shared between professionals if necessary.
* I declare that the information given on this form is true and accurate. I understand that if it is discovered that any statement is false or misleading, my involvement with the Highland Council Employment Service may be suspended or exited.
* I agree to the code of conduct

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed (Participant)\*** |  | **Date:\*** |  |

**\*WHAT YOUR INFORMATION WILL BE USED FOR:**

The data will be used to support your progression towards employment, education, training or other positive outcomes, where appropriate, and as such may be used for the following purpose:

* To allow relevant organisations to monitor the success and performance of services offered and to undertake evaluations.
* To contact you for feedback regarding the quality of services provided to you
* To monitor compliance with equal opportunities legislation
* To enable organisations working with the Highland Council to identify the most appropriate support for you.

|  |
| --- |
|  |

**Please add any additional information here including qualifications and courses undertaken**

*Office use only*

|  |  |
| --- | --- |
| *Hanlon Reference Number* |  |
| *Date identified for referral to work programme (write N/A if not applicable)* |  |

 **ACTIVITY AGREEMENT PLAN **

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates /Timescale**When will the activities start & how long are they expected to last) | **Activity**(Details of planned activities) | **Who will help?**(Details of providers, including contact details and contact person) | **What I plan to achieve**(Planned outcomes and next steps) |
|  |  | Name |  |  |
| Organisation |  |
| Address |  |
| Telephone |  |
| Mobile |  |
| E-mail |  |
|  |  | Name |  |  |
| Organisation |  |
| Address |  |
| Telephone |  |
| Mobile |  |
| E-mail |  |
|  |  | Name |  |  |
| Organisation |  |
| Address |  |
| Telephone |  |
| Mobile |  |
| E-mail |  |