Sheffield City Council

**Opportunity Sheffield - Programmes**

Referral Form

**Client details**

**Name:**

**Address:**

**Telephone no/s:**

**Email:**

**Preferred method of contact: Phone Call: Email: Text Message:**

**Gender: Date of Birth:**

Non-English language needs:

Disability access needs?

Brief summary of reason for referral:

Phone for more information?

Any key dates (for example: eviction date, court hearing or important deadline):

**Organisation making referral**:

**Name of person making referral:**

**Contact number**:

I wish to be referred to Opportunity Sheffield's suite of employment programmes.

I understand that my details will be passed to an Opportunity Sheffield provider to arrange a meeting, to help me secure employment.

**Client Signature:** **Date:**

***Scan and email to:*** opportunity@sheffield.gov.uk