



Course enquiry form

Referrer

Use this form to refer someone else to study at Share. If you are referring yourself, use our **Self-Referral Enquiry Form**.

If you need help filling this form in, email info@sharecommunity.org.uk or telephone 020 7924 2949

Referrer's details

Referrer's surname

Referrer's title

Referrer's forenames

Referrer's address

Referrer's postcode

Referrer's telephone

Referrer's mobile

Referrer's email address

Your relationship to the Applicant

What is your relationship to the Applicant?

Family carer

Key worker

Disability employment adviser

Professional carer

GP or other medical professional

Support broker or planner

Social worker

Direct payments officer

Other professional

The details provided on this form will be retained by Share Community in compliance with the Data Protection Act 1998. To confirm your consent, please sign below.

Signature

Date

Applicant's details

Applicant's surname

Applicant's forenames

Applicant's address

Applicant's postcode

Applicant's
telephone

Applicant's
mobile

Applicant's email address

Date of birth

Gender

Male

Female

About the Applicant

Has the Applicant studied at Share before?

Yes

No

Does the Applicant have a disability?

Yes

No

If Yes, please tick all that apply:

Learning disability/
difficulty

Physical
disability

Sensory
impairment

Autism

Mental health
needs

Is the Applicant in receipt of assistance from social services, community mental health teams, housing associations, job centres or other service?

Yes

No

If Yes, please state which:

Is the Applicant in receipt of a Direct Payment or Personal Budget?

Yes

No

Has a Personal Needs Questionnaire been completed for the Applicant?

Yes

No

Information required

Which of Share's services is the Applicant interested in?

Accredited training

Life and Basic Skills

Catering

Digital Skills

Horticulture

Short courses

Employment support

Social events