



Customer Name:	
Address:	
Town:	
Postcode:	
Contact Home Phone Number:	
Customer Mobile Number:	
Customer Email Address*:	
Date of Birth:	

Preferred communication

We will arrange an appointment with your customer to discuss our up-coming services and the support we may be able to offer them. Please ask your customer to select their preferred method of communication for us to make contact to arrange this appointment at a suitable time.

Email:

Mobile Number:

Home Number:

Preferred course options - please select all of the services that your customer may be interested in:

- | | | | |
|---|--------------------------|--|--------------------------|
| ALBA Construction | <input type="checkbox"/> | ALBA Landscaping | <input type="checkbox"/> |
| ALBA Landscaping (Cultenhove) | <input type="checkbox"/> | ALBA Customer Service | <input type="checkbox"/> |
| Pallet Furniture Workshops | <input type="checkbox"/> | Stirling Community Justice Partnership | <input type="checkbox"/> |
| Construction Skills Certification Scheme (CSCS) | | | <input type="checkbox"/> |

Still unsure?

If the customer is unsure of the best option for them then please tick this box and we will arrange an appointment to discuss all of the options available to them.



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Visit our website to read more about us www.stirlingcommunityenterprise.co.uk



What additional help would your customer like?

Please note that this section is optional however it allows us to understand the challenges that your client faces and to help us offer the correct support if they choose to access our services.

- | | |
|---|---|
| <input type="checkbox"/> Support to overcome offending behavior | <input type="checkbox"/> Self-esteem / Confidence |
| <input type="checkbox"/> Learning need / Dyslexia | <input type="checkbox"/> Work Experience |
| <input type="checkbox"/> Work based skills | <input type="checkbox"/> IT Skills |
| <input type="checkbox"/> Relationships / Family | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Emotional and Mental Well Being | <input type="checkbox"/> Literacy and Numeracy |
| <input type="checkbox"/> Alcohol / Substance Abuse | <input type="checkbox"/> Housing |

Referral Agency Details

Agency Name OR Self:			
Referral Contact Name:			
Contact Number :		Contact Email:	

Customer consent statement

I confirm that I consent to the information provided on this form to be used by the Stirling Community Enterprise to: determine my eligibility and suitability for their training and employability services.

I understand that my information **will not** be passed on to any third party.

***Further information – hear directly about our services!**

I would like to be added to the quarterly customer e-newsletter to receive updates on employability services and support available in the local community. (Please tick if you would like to receive):

Customer signature: _____ **Date:** _____



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