* A calculation that shows how work will affect your current benefits and how much better off in work you could be.
* Information on local voluntary work opportunities.
* Help to find the right work experience opportunity for you, giving you a valuable work reference
* Help and support to compile a CV, mock interview skills and preparation.
* Information on local training opportunities, jobs and apprenticeships.
* Information on additional financial help available to you to help overcome barriers to work
* Help to improve confidence and motivation and much more



If you are interested in any of the above please complete the referral form overleaf and I will contact you.

**I look forward to meeting you!**

**From Paul**

**Contact me on 07825833258**

**Email: paul.blake2@dwp.gsi.gov.uk**

# [http://tse1.mm.bing.net/th?&id=JN.2O7XtOZcXJQQ/viavxXlZQ&w=300&h=300&c=0&pid=1.9&rs=0&p=0&url=http%3A%2F%2Febuzz24.blogspot.com%2F2010%2F12%2Fhappy-new-year-2011-clip-art.html](http://www.bing.com/images/search?q=UK+success&view=detailv2&qft=+filterui:photo-clipart&id=041B89F00BAE8C4F8B91FDE9E4636A3B324F2FF1&selectedIndex=25&ccid=5YJ4arBK&simid=608055137975601151&thid=JN.2O7XtOZcXJQQ/viavxXlZQ)



**Employment Support and Advice**

My name is Paul and I am an Employment Support Adviser part of the Supporting Families Programme

I am available to provide more intensive and flexible help and support to get you take those all important steps into finding employment.

I can meet you informally for a chat at a time, date and location convenient for you.

I offer a range of services that can be tailored to your needs including:



|  |  |
| --- | --- |
| **Parent / Carer Name:** | **D.O.B:** |
| **Address:** | **Contact No:** |
| **Child’s Name:** | **D.O.B:** |

1. **Are you unemployed?** Yes/ No *(please circle)*

**2) What benefits are you receiving?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Benefit** | **Yes / No** | **Benefit** | **Yes /No** |
| Jobseekers Allowance |  | Carers Allowance |  |
| Income Support |  | Employment Support Allowance |  |
| Incapacity Benefit |  | Severe Disability Allowance |  |
| Notes | | | |

**3) What support would you like?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Support Type** | **Yes / No** | **Support Type** | **Yes/No** |
| An in work benefits calculation to give an estimate of how better off you could be in work? |  | Local education or training opportunities? |  |
| Careers Advice/ Help completing a CV? |  | Work experience, Work Trials & Apprenticeship opportunities? |  |
| Help looking for work? |  | Local Volunteering Opportunities? |  |
| Is there anything else you’d like help with? | | | |

**4) Support Worker Details:**

|  |  |
| --- | --- |
| Name: | Agency: |
| Telephone No. | E-mail: |

**5) Consent:**

|  |  |  |
| --- | --- | --- |
| I have been involved in the completion of this form: | | Yes No |
| I consent to the Supporting Families Employment Advisor to contact me in relation to the information on this form: | | Yes No |
| Sign: | Print: | Date: |

**Please send completed form to Paul Blake** (Supporting Families Employment Advisor) 2nd Floor North, Tor Hill House, Castle Circus, Torquay TQ1 3DR.**Telephone:** 07825833258