

Connect to Work

Postal Expression of Interest

Thank you for your interest in Connect to Work. The form in this pack allows you to submit an Expression of Interest. That means you would like to join Connect to Work, and you give us your personal details.

Please fill in as much of the form as you can. This helps us understand how to support you on your journey to finding work. If you can't fill in everything, that's okay - just make sure you complete the About You and Contact Details parts. We can help you finish the rest.

You can send your form back to us at:

Freepost
LANCASHIRE COUNTY COUNCIL

When you send the form back to us, you will need to provide your own envelope, but you don't need to add a stamp.



Connect to Work Expression of Interest Form

Please fill in as much of the form as you can. This helps us understand how to support you on your journey to finding work.

If you can't fill in everything, that's okay - just make sure you complete the **About You** and **Contact Details** parts. We can help you finish the rest.

For more information about how we will use your personal information, see Lancashire Skills and Employment Hub's Privacy Notice at www.lancashireskillshub.co.uk/privacy-policy/

About You

Do you agree to let us have and keep your information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	
Last Name	
Date of Birth (dd/mm/yyyy)	

Contact Details

Address	Street and house number	
	Town/City	
	County	
	Postcode	
Mobile Number		
Landline Telephone Number		
Email		
How should we contact you? (Tick all boxes that apply)	<input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Mobile <input type="checkbox"/> Landline telephone <input type="checkbox"/> Text <input type="checkbox"/> Do not contact	



More about you

Are you working now?	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Not employed
<p>If you are employed, it means you have a job, and someone pays you to do it. You might:</p> <ul style="list-style-type: none"> • Work full-time or part-time. • Get paid weekly or monthly. • Work in a shop, office, school, hospital, or somewhere else. • Have a boss or manager who tells you what to do. <p>Being self-employed means you work for yourself. You run your own business and are in charge of whether it does well or not. You might:</p> <ul style="list-style-type: none"> • Have your own trade or job (like a builder, hairdresser or artist). • Pay your own tax and National Insurance. • Not get paid through a company's payroll (PAYE). • Not have the same rights as someone who is employed by a company. <p>If you're not sure, you can learn more at: www.gov.uk/employment-status/employee</p>	
Are you able to take part in Connect to Work now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on another job programme with the DWP (Job Centre)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your National Insurance Number?	
Are you allowed to work in the UK and get support?	<input type="checkbox"/> Have the right to work in the UK <input type="checkbox"/> Have the right to live in the UK <input type="checkbox"/> Belong to a group which has no entitlement to public funds <input type="checkbox"/> N/A
Are you a parent or guardian for children?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Your Health

Do you consider that you have a disability or a long-term health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No																					
<p>You are disabled if you have a physical or mental difficulty that makes it harder to do everyday things.</p> <p>You might also be disabled if things around you make life harder - like buildings without ramps, buses you can't use, or people thinking you can't do something just because of your condition.</p> <p>A long-term health condition is something that affects your body or mind for a long time - usually 12 months or more.</p>																						
<p>Do you have any of these disabilities or long-term health conditions? You can choose more than one.</p> <table border="0"> <tr> <td><input type="checkbox"/> ADHD</td> <td><input type="checkbox"/> Autism</td> <td><input type="checkbox"/> Cancer</td> </tr> <tr> <td><input type="checkbox"/> Chest / breathing problems</td> <td><input type="checkbox"/> Chronic pain</td> <td><input type="checkbox"/> Dementia</td> </tr> <tr> <td><input type="checkbox"/> Depression</td> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Digestive problem</td> </tr> <tr> <td><input type="checkbox"/> Epilepsy</td> <td><input type="checkbox"/> Hearing difficulty</td> <td><input type="checkbox"/> Heart condition</td> </tr> <tr> <td><input type="checkbox"/> Joint condition</td> <td><input type="checkbox"/> Learning difficulty</td> <td><input type="checkbox"/> Learning disability</td> </tr> <tr> <td><input type="checkbox"/> Skin condition</td> <td><input type="checkbox"/> Speech impediment</td> <td><input type="checkbox"/> Vision difficulty</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> ADHD	<input type="checkbox"/> Autism	<input type="checkbox"/> Cancer	<input type="checkbox"/> Chest / breathing problems	<input type="checkbox"/> Chronic pain	<input type="checkbox"/> Dementia	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Digestive problem	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hearing difficulty	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Joint condition	<input type="checkbox"/> Learning difficulty	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Skin condition	<input type="checkbox"/> Speech impediment	<input type="checkbox"/> Vision difficulty	<input type="checkbox"/> Other		
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<p>Do you belong to any of these groups? You can choose more than one.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Afghan resettler <input type="checkbox"/> Care experience <input type="checkbox"/> Care leaver <input type="checkbox"/> Carer <input type="checkbox"/> Dependent on drugs or alcohol <input type="checkbox"/> Ex-carer <input type="checkbox"/> Ex-offender <input type="checkbox"/> Homeless person <input type="checkbox"/> Person on the Ukrainian scheme <input type="checkbox"/> Refugee <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of modern slavery <input type="checkbox"/> Victim / survivor of domestic abuse <input type="checkbox"/> Young person involved (or at risk of being involved) in serious violence 																						



Source of Information

How did you find out about Connect to Work?	
<input type="checkbox"/> Job Centre Plus	<input type="checkbox"/> Primary Care
<input type="checkbox"/> Employer	<input type="checkbox"/> Charity
<input type="checkbox"/> Flyer / leaflet	<input type="checkbox"/> Newspaper / magazine
<input type="checkbox"/> Social media	<input type="checkbox"/> Other
<input type="checkbox"/> Community Care	
<input type="checkbox"/> Advice Service	
<input type="checkbox"/> Website	
If 'Other', please specify	
If a GP, nurse, or someone at your doctor's surgery told you, choose Primary Care. If someone from a community service helped you (like a pain clinic, physio, mental health support, or social prescribing), choose Community Care. If it was someone else, please tell us who.	
Have you talked to any of these organisations about Connect to Work?	<input type="checkbox"/> Blackburn with Darwen Borough Council <input type="checkbox"/> Blackpool Council <input type="checkbox"/> Lancashire County Council <input type="checkbox"/> None of these / I don't know

Referrer Details

Did anyone refer you to Connect to Work? You can skip this part if you are signing yourself up.	
Referrer Name	
Referrer Telephone Number	
Referrer Email Address	

Finally...

Is there anything else you'd like to tell us? You can write anything you think we should know to help support you better.

