

## Stepping Stones Project - Enquiry Form

Date of Referral:

Name:

Address:

Male/Female: Male

Date of Birth:

Telephone/Mobile No:

Email:

Contact name and address of **Referring Agency**. Self Referral  
*Include mobile/telephone number & email address (if applicable):*

**Please tick each type of service required as shown below:**

<b>Careers Information, Advice and Guidance</b>	
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Education		Employment:		Training	
PT/FT Vocational Course		Job Search		Work Experience	
PT/FT Academic Course		CV Support		Work Training	
Numeracy		Application Support			
Literacy		Interview Skills			
Information Technology		Paid Employment			
Employability Skills		Voluntary Work			
Peer Support					

Please provide us with further details/information that would support your needs:

**For Office Use Only - To be processed within 5 working days.**

Date received: \_\_\_\_\_

Seen by Outreach Manager: Y/N Date \_\_\_\_\_

Passed to Administrator: Y/N Date \_\_\_\_\_

Logged onto Client Monitor by Admin: Y/N Date \_\_\_\_\_

Service User Contacted & appointment logged onto Client Monitor system: Y/N

1<sup>st</sup> Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Appointment 1<sup>st</sup> Re-scheduled: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Appointment 2<sup>nd</sup> Re-scheduled: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Take up of Service: Y/N Date \_\_\_\_\_

Signposted/Referred: Y/N (Agency) \_\_\_\_\_

Outreach Worker record Service Start Date in Client Monitor: Y/N

1<sup>st</sup> Customer Satisfaction Survey Completed by Service User: Y/N

Admin Process completed: Y/N Date \_\_\_\_\_