



## Initial Contact Form 2023-24

The Initial Contact Form is completed by Multiply Navigators or Business Connectors at the initial contact stage with individual participants, employers, community or other organisations.

### 1. Eligibility

The following questions are for identifying the eligibility of a participant to the Multiply project:

- E1. Are you of age 19 or older?  Yes  No – not eligible
- E2. Are you a national or a person with right of abode in the UK, AND, have been resident in UK and/or EEA continuously for the last 3 years?  Yes (go to E4)  No – (go to E3)
- E3. Are you able to confirm your eligibility? (see MPY04a)  Yes  No – not eligible
- E4. Have you got a maths qualification at Level 2 or higher?  Yes, higher than L2 or current L2 – not eligible
- State this qualification:  Yes, historic L2 – NBCs to follow assessment process to confirm eligibility
- No – eligible

### 2. Contact details

Please tick if contact is for:  Employer  Community or other organisation

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Town \_\_\_\_\_ County: Suffolk Postcode: \_\_\_\_\_

Contact Tel number(s): \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

What is your contact preference?  Phone call  Email  Text message

### 3. Personal details

Date of Birth: \_\_\_\_\_ Click or tap to enter a date.

**Health and Support Needs:** You are considered disabled if:

- You have a longstanding physical or mental condition or disability that has lasted or is likely to last at least 12 months, and
- This condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities.

**Do you have a disability, learning difficulty and/or a health condition?**  Yes  No

If YES, please tick the appropriate box(es) of the difficulties/disabilities that affect the participant:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Vision impairment                                   | <input type="checkbox"/> Hearing impairment                   | <input type="checkbox"/> Disability affecting mobility |
| <input type="checkbox"/> Profound complex disabilities                       | <input type="checkbox"/> Social and/or emotional difficulties | <input type="checkbox"/> Mental health difficulty      |
| <input type="checkbox"/> Speech, Language & Communication Needs              | <input type="checkbox"/> Moderate learning difficulty         | <input type="checkbox"/> Severe learning difficulty    |
| <input type="checkbox"/> Dyslexia  | <input type="checkbox"/> Autism spectrum disorder             | <input type="checkbox"/> Asperger's syndrome           |
| <input type="checkbox"/> Dyscalculia   | <input type="checkbox"/> Other learning difficulty            | <input type="checkbox"/> Other physical disability     |
| <input type="checkbox"/> Temporary impairment after illness / accident       | <input type="checkbox"/> Other medical condition              | <input type="checkbox"/> Other disability              |
| <input type="checkbox"/> Other specific learning difficulty (e.g. Dyspraxia) |   | <input type="checkbox"/> Prefer not to say             |

**Which one of the above conditions affects your ability to learn the most?**

**4. Target group categories** (tick all that apply to the participant)

- Are you unemployed with barriers that stop you from getting a job?  Yes  No

What are those barriers?

(Common barriers for reference: LLDD, Mental Health, lack of basic employability skills, lack of qualifications, childcare difficulties, no transportation, disadvantaged background, addiction etc.) \_\_\_\_\_

- Are you a care leaver?  Yes  No
- Are you an offender / ex-offender?  Yes  No
- Do you have learning disability and/or Autism?  Yes  No
- Is English your second language?  Yes  No
- Are you in paid employment?  Yes  No
- Are you self-employed?  Yes  No
- Are you a volunteer?  Yes  No

**5. Additional information**

- What is your level of education / qualifications?

\_\_\_\_\_

- Do you have Level 2 in English and/or ICT qualifications (tick all that apply):

Level 2 qualification, for example, GCSE/O Level at Grades A-C or 9 to 4, CSE Grade 1 or Functional Skills in:

- English  ICT

- Are you in learning, training, or support with another organisation? Please give details:

\_\_\_\_\_

- Which agency referred you? / How did you hear about the Multiply project?

- DWP  Self-referral  Supported Housing
- Social Prescribing  Probation  Realise Futures
- Event \_\_\_\_\_
- External Organisation \_\_\_\_\_
- Other \_\_\_\_\_
- SCC Department \_\_\_\_\_

- Other relevant information about the participant:

(This is anecdotal information discussed with the participant that might help RF coaches and advisors when they receive the ICF, complete as required)

- **Contact barriers:**
- **Contact attempts:**
- **Contact details of the referrer:**
- **Employment history and goals:**
- **Person specific information:**
- **Numeracy Goal:**

## 6. Privacy Notice

Suffolk County Council is committed to protecting your privacy and will treat your personal data in line with the General Data Protection Regulation (GDPR) and any subsequent, revised UK data protection law. Please visit our Privacy and data protection page (<https://www.suffolk.gov.uk/about/privacy-and-data-protection/>) for details.

### Your Declaration & Consent *(see separate statement)*

- I am satisfied that the appropriate advice and information about the Multiply project has been made available to me prior to my enrolment.
- I have read and understood the Privacy Notice, I accept and agree to how my personal information will be used.

## 7. Details of employers, community or other organisations

- This is a backfilled ICF

Name of organisation: \_\_\_\_\_

Anticipated number of participants: \_\_\_\_\_

Organisation requirement: \_\_\_\_\_

Additional information: \_\_\_\_\_

## For internal use only

The progression route most appropriate for this participant is:

- Step 1 – Multiply Coaching Service
- Step 2 – Multiply Employment Service
- Step 3 – Multiply In Work Support

Name of Navigator / Business Connector: \_\_\_\_\_

Date ICF completed: \_\_\_\_\_

*Click or tap to enter a date.*