Expression of Interest

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REFERRER NAME**  **Include email address & organisation** |  | | | | | | | |
| **FOR REFERRERS ONLY: IF YOU HAVE A SAFEGUARDING CONCERN, PLEASE CONTACT US DIRECTLY DIRECTLYDIRECTLYDIRECTLY** | | | | | | | | |
| **First Name(s):** |  | | **Surname:** | | | |  | |
| **Age Bracket** | 16 - 18 19 - 24 25 - 49 50+ | | | | | | | |
| **Address & Postcode:** |  | | | **Phone Number:** | |  | | |
| **Email:** | |  | | |
| **Employment Status: please state unemployed / employed / self-employed / fixed term/part-time etc.** |  | **Unemployed 12 + months?** | Y N  N | | **Type of  Benefit &  Length of**  **Claim** | | |  |
| **Details of last or current employment:** |  | | | | | | | |
| **Preferred Language/Contact** | English Welsh Other: Phone Text Email | | | | | | | |
| **Complete if additional numeracy support from Multiply required** | Care Leaver? Y N Prison Leaver? Y N Highest Numeracy Qual: | | | | | | | |
| **Details of support required:**  **Additional information to include**   * **details of last job or current employment;** * **qualifications gained;** * **barriers to work or training;** * **goals** * **driving status;** * **CV requirements** | * Up-to-date CV? Y/N  * Do you drive? Y/N * Do you have access to a vehicle for work purposes? Y/N * Are you being supported by another organisation? If yes, details: * What training /qualifications are looking for and how would it help find work? * What do you feel is a barrier to you finding work? | | | | | | | |

**Declaration**

We are committed to protecting your personal information and complying with the General Data Protection Regulations (GDPR) & Data Protection Act 2018. We only ask for information we need to help provide you with up-to-date, impartial information, advice, and guidance.

**I have read the information above and understand why this information should be shared between the referring organisation and Employability Bridgend, and consent to being contacted for employability support.**

If, for any reason, I am not eligible for Employability Bridgend, I consent to my details being shared with the relevant support agency.

[**Email: employability@bridgend.gov.uk**](mailto:Email:%20employability@bridgend.gov.uk)

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| **Print Name:** |  | **Signature:** |  | **Date:** |  |

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Ffurflen Datgan Diddordeb

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| **ENW’R ATGYFEIRIWR**  **Dylid cynnwys cyfeiriad e-bost a sefydliad** |  | | | | | | | |
| **AR GYFER ATGYFEIRWYR YR UNIG: OS OES GENNYCH CHI BRYDER DIOGELU, CYSYLLTWCH Â NI'N UNIONGYRCHOLN UNIONGYRCHOL** | | | | | | | | |
| **Enw(au) Cyntaf:** |  | | | **Cyfenw:** | | |  | |
| **Braced oed:** | 16 - 18 19 - 24 25 - 49 50+ | | | | | | | |
| **Cyfeiriad & Cod Post:** |  | | | **Rhif ffôn:** | |  | | |
| **E-bost:** | |  | | |
| **Statws Cyflogaeth:**  **nodwch di-waith / cyflogedig / hunangyflogedig / cyfnod penodol / rhan-amser ayyb** |  | **Yn ddi-waith 12 + mis?** | I | N | **Math o fudd-dal, hyd ar hawliad** | | |  |
| **Manylion y gyflogaeth ddiwethaf neu gyfredol** |  | | | | | | | |
| **Iaith ddewisol/Cyswllt** | Saesneg Cymraeg Arall: Galwad ffôn Neges destun E-bost | | | | | | | |
| **Llenwch os oes angen cymorth rhifedd ychwanegol gan Lluosi** | Yn gadael gofal I N Yn gadael y carchar I N Cymhwyster rhifedd uchaf:   1. Nac ydw | | | | | | | |
| **Manylion y cymorth sydd ei angen:**   * **gwybodaeth ychwanegol i gynnwys;** * **manylion y swydd;** * **ddiwethaf neu gyflogaeth gyfredol;** * **cymwysterau a enillwyd;** * **rhwystrau i waith neu hyfforddiant;** * **nodau;** * **statws gyrru;** * **gofynion CV** | * CV cyfoes? I/N * Ydych chi'n gyrru? I/N * A oes gennych gerbyd at ddibenion gwaith? I/N * Ydych chi'n cael eich cefnogi gan sefydliad arall? Os oes, manylion: * Pa hyfforddiant/cymwysterau sydd eu hangen a sut y byddai'n helpu i ddod o hyd i waith? * Beth ydych chi'n teimlo sy'n rhwystr i chi ddod o hyd i waith? | | | | | | | |

**Datganiad**

Rydym wedi ymrwymo i ddiogelu eich gwybodaeth bersonol ac rydym yn cydymffurfio â’r Rheoliad Cyffredinol ar Ddiogelu Data (GDPR) a Deddf Diogelu Data 2018. Byddwn ond yn gofyn am wybodaeth y mae ei hangen arnom er mwyn helpu i ddarparu’r wybodaeth, y cyngor a’r arweiniad diweddaraf i chi.

**Rwyf wedi darllen yr wybodaeth uchod ac rwy’n deall pam y dylid rhannu’r wybodaeth hon rhwng y sefydliad sy’n atgyfeirio ac o fewn Cyflogadwyedd Pen-y-bont ar Ogwr, ac rwy’n rhoi fy nghaniatâd i gael fy nghysylltu i gael cymorth cyflogadwyedd.**

Os, am unrhyw reswm, nad wyf yn gymwys ar gyfer Cyflogadwyedd Pen-y-bont ar Ogwr, rwy’n rhoi fy nghaniatâd i fy manylion gael eu rhannu â’r asiantaeth gymorth berthnasol.

**E-bost:** [**employability@bridgend.gov.uk**](mailto:employability@bridgend.gov.uk)

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| **Enw wedi’i brintio:** |  | **Llofnod:** |  | **Dyddiad:** |  |

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