Expression of Interest

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| --- | --- |
| **REFERRER NAME** **Please include email address and 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 | **Type of Benefit & Length of****Claim** |   |
| **Preferred Language/Contact** |  English Welsh  Other:  |  Phone call Text Email  |
| **Complete if additional numeracy support from Multiply is required** | Care leaver Yes No | Prison leaver Yes No | Highest numeracy qualification:  |
| **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**
 |   |

**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.

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| --- | --- | --- | --- |
| **Print Name** |   | **Signature**  |   |
| **Date** |   |

**Email: employability@bridgend.gov.uk**



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** |   |
| **Iaith ddewisol** **/ Cyswllt** | Saesneg Cymraeg Arall: |  Galwad ffôn Neges destun E-bost  |
| **Llenwch os oes angen cymorth rhifedd ychwanegol gan Lluosi** | Yn gadael gofal Ydw Nac ydw1. Nac ydw
 | Yn gadael y carchar Ydw Nac ydw | Cymhwyster rhifedd uchaf: |
| **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**
 |   |

**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

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

**E-bost:** **employability@bridgend.gov.uk**

