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| **VIRTUAL LEARNING AND WORK BUDDIES PROJECT** | | | | |
| Referred by: | Name:  Contact details: | | | |
| Name of client:  *Including title* |  | | | |
| Contact details: | Phone number(s)  Email address: | | | |
| Preferred contact | Phone □ | Email □ | | |
| Additional client information:  *Mark all that apply* | Mild mental health and/or learning difficulties | | □ | |
| Physical disability | | □ | |
| Speaker of English as a second language | | □ | |
| Unable to read | | □ | |
| Unable to write | | □ | |
| No access to public funds | | □ | |
| At risk of homelessness | | □ | |
| Any other essential background information: |  | | | |
| Eligibility | Please confirm the client is :   * an adult aged 25+ who is disadvantaged in progressing into work or work-related learning; and * a resident of Mole Valley | | | □  □ |
|  |  | | | |

Please forward the completed form to:

Kate Collins, Virtual Learning Project Coordinator,

at [kate.collins@surreyllp.org.uk](mailto:kate.collins@surreyllp.org.uk)