

 **Adult Education Service**

 **Referral Form 2024**

This form is designed to collect information required by providers and funders to refer clients for registration on the bridge projects BTEI and CE programme.

**Preferred form of contact Please tick √:** Letter: email: Phone:

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| **Course Title: Back to Education and Training Initiative, or CE Scheme****Venue: The Bridge Project 131 – 133 Francis Street, Dublin 8.** |
| **Section 1: Clients Personal Details: Please Complete in Block Capital Letters** |
| First Name: Phone: Family Name: Mobile: Address: Date of birth:  Age: PPS:Email: CE Place:  BTEI Place:  Hair & Beauty  Barbering  Barista  Please tick ✓  |

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| **Referred by – Name of referring organisation:****Probation Client: Yes No Details:**  |
| **Referral Organisation Contact Details:** |  |
| **Tel:**  |  |
| **Offending Details:**  |  |
| **Substance Use Details:** |  |
| **Mental Health Issues:**  |  |
| **Education/ Learning Issues:** |  |
| **Additional Comments:** |  |
| **Previous Group Work Experience:** |  |

Signed by referrer: Date:

**All correspondence should be addressed to the Education Coordinator at Bridge,** **sorcha@bridge.ie**