

The documents below can support those working with a young person to access education, training or employment:



[Pen Picture ETE Referral](#)

**Section A: General Information**

Name	
Age	
Date of Birth	
Living Situation	
Address	
Phone number	
Email	
Personal Advisor name	
Contact details	
Benefits Claimed	
External agencies working with client	
Health issues	
Criminal Record	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No
UASC	<input type="checkbox"/> Yes <input type="checkbox"/> No
SEN/EHC statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Attainment including level of English and maths	
Work Experience	

**Section B: to be completed by the Young Person**

**Q1: What was your favourite subject at school? Which were you best at?**

**Q2: Are you a creative person?**

**Q3: Would you like manual work?**

**Q4: Would you like office based work?**

**Q5: Would you like to work with the public? Would you feel confident in this role?**

**Q6: Do you have any specific interests?**

**Q7: What would be your dream job?**

**Q8: Would you like to go back to college or would you prefer an apprenticeship/training programme?**

**Q9: What do you think are your strengths?**

**Q10: What challenges do you think you face in finding work? How can we help resolve this?**

**Section 3: To be completed by the Personal Advisor with the young person**

**Q1: What do you believe are the young person's strengths?**

**Q2: What do you think are the barriers to employment/education/training?**

**Q3: What role do you think the young person would be best suited to?**

**Q4: Please provide a rating if the likelihood of this young person engaging in education/training/employment:**

- 1- Likely
- 2- Unsure
- 3- Unlikely

Please explain this rating

**Q5: Please provide any further information you feel is relevant.**

DATE COMPLETED: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Matching Tool

<b>Young Person Name:</b>
<b>Young Person Date of Birth:</b>
<b>Young Person town living:</b>
<b>Area Young Person able to access:</b>
<b>PA/SW name and contact details:</b>

<b>Summary of young person pen picture:</b>
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### Young Person EET aspirations:

<b>Please Tick</b>	<b>EET</b>	<b>Ready to access EET</b>	<b>More support required</b>	<b>Action to be taken and by whom</b>	<b>Timescale</b>
	Employed				
	Full time education				
	Part time education				
	Apprenticeship				
	Traineeship (max 6 months)				
	Supported Internship (must have EHCP)				
	Work Based training				
	Volunteering				
	Higher Education				
	Alternative option.....				
	No EET aspiration identified				

### Local District Partnership Meeting Outcomes:

<b>Date discussed at meeting</b>	<b>Outcome/Details of offer</b>	<b>Actions</b>

**Date Completed.....**

**Completed by.....**