



**SAMH Young Person's IPS / Step Up Registration Form**  
(fields marked with red asterisk are mandatory)

<b>Start Date*</b>							
<b>Details of any other agencies/services that the Participant is engaged with</b>							
<b>Participant Name*</b>				<b>DOB*</b>			
<b>Address 1*</b>							
<b>Address 2</b>							
<b>City*</b>				<b>Postcode*</b>			
<b>Contact No(s)</b>				<b>NINO*</b>			
<b>Email Address</b>							
<b>What is your sex? *</b> (Please circle one)	Male / Female / Prefer not to say						
<b>Do you consider yourself to be trans, or have a trans history? *</b> (Please tick or provide information requested)							
<b>Yes - non-binary</b>	<input type="checkbox"/>	<b>Yes - trans man</b>	<input type="checkbox"/>	<b>Yes - trans woman</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>Yes - other</b> (please describe if you wish)						<b>Prefer not to say</b>	<input type="checkbox"/>

<b>Economic status at start date* - please tick one (further guidance given on last page)</b>							
<b>Employed (incl self-employed)</b>	<input type="checkbox"/>	<b>Unemployed</b>	<input type="checkbox"/>	<b>Economically Inactive</b>	<input type="checkbox"/>	<b>School pupil</b>	<input type="checkbox"/>
<b>If Employed - Employment sector</b>				<b>Hourly / annual pay rate?</b>	£		
<b>If Unemployed or Economically Inactive at start date - Length of time out of work? (please tick one)</b>							
<b>Less than 6 months</b>	<input type="checkbox"/>	<b>6 months up to 12 months</b>	<input type="checkbox"/>	<b>12 months up to 2 years</b>	<input type="checkbox"/>		
<b>2 years up to 5 years</b>	<input type="checkbox"/>	<b>5 years or more</b>	<input type="checkbox"/>	<b>Never worked</b>	<input type="checkbox"/>		

<b>What is your <u>Highest</u> level of education? *</b> (Please tick one)			
<b>ISCED 0 – Early Learning and Childcare</b>	<input type="checkbox"/>	<b>ISCED 5 – Short Cycle (HND, HNC etc.)</b>	<input type="checkbox"/>
<b>ISCED 1 – Primary School</b>	<input type="checkbox"/>	<b>ISCED 6 – Bachelor or Equivalent</b>	<input type="checkbox"/>
<b>ISCED 2 – Lower Secondary</b>	<input type="checkbox"/>	<b>ISCED 7 – Masters or Equivalent</b>	<input type="checkbox"/>
<b>ISCED 3 – Upper Secondary</b>	<input type="checkbox"/>	<b>ISCED 8 – Doctoral or Equivalent</b>	<input type="checkbox"/>
<b>ISCED 4 – Post Secondary Not-Tertiary</b>	<input type="checkbox"/>		



Participant characteristics and circumstances - Please tick all that apply (further guidance given on last page)			
Childcare (if a parent)	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Care Experienced	<input type="checkbox"/>	Caring Responsibilities	<input type="checkbox"/>
Armed Forces Veteran	<input type="checkbox"/>	No or limited work experience	<input type="checkbox"/>
Asylum seeker	<input type="checkbox"/>	Refugee	<input type="checkbox"/>
Criminal convictions	<input type="checkbox"/>	Substance related conditions	<input type="checkbox"/>
Homeless or affected by housing exclusion	<input type="checkbox"/>		

Parental Status* (Please circle)	Parent in a couple / Single parent / Not parent				
Parental Information (Parents Only)					
Living with dependent children* (Please circle)	Yes - full time / Yes - part time / No				
Number of dependent Children*					
Disabled child or adult (not the participant) within family* (Please circle)	Yes / No				
Age of youngest dependent child* (Please tick one)					
Under 1 year	<input type="checkbox"/>	1 year up to 5 years	<input type="checkbox"/>	5 years up to 12 years	<input type="checkbox"/>
12 years up to 16 years	<input type="checkbox"/>	16 years up to 20 years	<input type="checkbox"/>	N/A not parent	<input type="checkbox"/>
Accessing funded childcare* (Please circle)	Yes / No				
Accessing eligible 2 year-old place (Please circle)	Yes / No				

PESF Eligibility - Family Grouping – Tick all that apply (Parents Only)					
Lone Parent	<input type="checkbox"/>	Parent with a disability/ Long term health condition			<input type="checkbox"/>
Child with a disability	<input type="checkbox"/>	Parent age below 25	<input type="checkbox"/>	Ethnic Minority	<input type="checkbox"/>
3+ Children	<input type="checkbox"/>	Youngest child younger than 1	<input type="checkbox"/>		<input type="checkbox"/>



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<b>Disabilities* – All the following questions are to be completed - please circle your answers (further guidance given on last page)</b>	
<b>Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?</b>	Yes / No / Prefer not to say
<b>If Yes in previous question: Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities? If No then select N/A - no long-term illnesses or conditions.</b>	
Yes, a lot / Yes, a little / No, not at all / Prefer not to say / N/A - no long-term illnesses or conditions	
<b>Deafness or partial hearing loss</b>	Yes / No / Prefer not to say
<b>Blindness or partial sight loss</b>	Yes / No / Prefer not to say
<b>Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)</b>	Yes / No / Prefer not to say
<b>Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)</b>	Yes / No / Prefer not to say
<b>Learning difficulty (a specific learning condition that affects the way you learn and process information)</b>	Yes / No / Prefer not to say
<b>Autism Spectrum Disorder / Condition</b>	Yes / No / Prefer not to say
<b>Other developmental disorder (a condition that you have had since childhood which affects motor, cognitive, social and emotional skills, and speech and language)</b>	Yes / No / Prefer not to say
<b>Physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)</b>	Yes / No / Prefer not to say
<b>Mental health condition (a condition that affects your emotional, physical and mental wellbeing)</b>	Yes / No / Prefer not to say
<b>Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)</b>	Yes / No / Prefer not to say
<b>Other condition</b>	Yes / No / Prefer not to say



Emergency Contact Details			
Name		Relationship	
Contact details			

Evidence Check * (Please note what documents are being used)			
Evidence Obtained: Proof of address		Evidence Obtained: ID & Eligibility to Work in the UK	

DECLARATION
<p><i>I confirm that I am aware that, from this meeting forward the support I am receiving is part funded through No One Left Behind / Parental Employability Support Fund / Young Person's Guarantee.</i></p> <p><i>I confirm that the information held on file regarding my personal circumstances and eligibility is up to date and accurate and can be transferred, as required, to the appropriate Management Information Systems.</i></p> <p><i>I am aware that this information may be used by SAMH Young Person's IPS / Step Up, Glasgow City Council and the Scottish Government or their representatives to contact me at a later date regarding the support I have received.</i></p>

Data Protection Notes	
I confirm that I have read and understood the SAMH Young Person's IPS / Step Up Privacy Statement and I am aware of how my data is being held and used	(Please tick)

Signatures and Registration Date		
Print name (Participant)	Signature	Date
Print name (Key Worker)	Signature	Date

Hanlon Ref. / NINO	
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## NOLB Equalities Form

**Insert Project name** on behalf of Glasgow City Council and the Scottish Government, are asking you for some information about yourself to ensure we comply with the Equality Act 2010. This is a law to make sure all people are treated fairly and equally. Glasgow City Council and The Scottish Government will use your information to monitor the effectiveness of No-one Left Behind services, and to ensure that there are equal opportunities for everyone to achieve their potential, irrespective of race, sexual orientation and/or religion or belief. Your information will never be published in a way that allows you to be identified. It will be treated in the strictest confidence and held, shared and used securely, as set out in the Privacy Statement given to you by **Insert Project name**.

<b>Start Date</b>		<b>NI number</b>	
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Ethnic Origin - please tick one					
White - Scottish	<input type="checkbox"/>	Asian - Pakistani, Pakistani Scottish, Pakistani British	<input type="checkbox"/>	African, African Scottish, African British	<input type="checkbox"/>
White - Other British	<input type="checkbox"/>	Asian - Indian, Indian Scottish or Indian British	<input type="checkbox"/>	African - Other	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>	Asian - Bangladeshi, Bangladeshi Scottish, Bangladeshi British	<input type="checkbox"/>	Caribbean, Caribbean Scottish, Caribbean British	<input type="checkbox"/>
White - Gypsy Traveller	<input type="checkbox"/>	Asian - Chinese, Chinese Scottish, Chinese British	<input type="checkbox"/>	Black, Black Scottish, Black British	<input type="checkbox"/>
White - Polish	<input type="checkbox"/>	Asian - Other	<input type="checkbox"/>	Caribbean or Black - Other	<input type="checkbox"/>
White - Roma	<input type="checkbox"/>		<input type="checkbox"/>	Arab, Arab Scottish, Arab British	<input type="checkbox"/>
White - Showman / Showwoman	<input type="checkbox"/>		<input type="checkbox"/>	Mixed or multiple ethnic groups	<input type="checkbox"/>
White - Other	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Religion, religious denomination, or body – please tick one							
Church of Scotland	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Another Religion	<input type="checkbox"/>
Other Christian	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	None	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Pagan	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Which of the following best describes your sexual orientation? – please tick one					
Bisexual	<input type="checkbox"/>	Gay / Lesbian	<input type="checkbox"/>	Heterosexual / straight	<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Data Protection Notes	
I confirm that I have signed the NOLB/PESF/YPG Privacy Statement and I am aware of how my data is being held and used.	(Please tick)

## Economic Status Definitions and Disability examples

Economic Status at start date	
<b>Employed</b>	Anybody who carries out at least one hour's paid work in a week, or is temporarily away from a job (e.g. on holiday) is in employment. Also counted as in employment are people who are on government supported training schemes and people who do unpaid work for their family's business.
<b>Unemployed</b>	Under ILO guidelines, anybody who is without work, available for work and seeking work is unemployed. The UK applies this as anybody who is not in employment by the above definition, has actively sought work in the last 4 weeks and is available to start work in the next 2 weeks, or has found a job and is waiting to start in the next 2 weeks, is considered to be unemployed.
<b>Economically Inactive</b>	Those who are not in employment and are not unemployed by the above definitions are considered to be economically inactive.
<b>School pupil</b>	Within 6 months of leaving school

Participant Characteristics and Circumstances	
<b>Childcare</b>	If you are a parent have you faced barriers to employment because of lack of childcare, affordability, lack of awareness
<b>Transport</b>	Whether a participant has faced barriers to employment as a result of transport. This can include a range of potential scenarios, including but not limited to: Lack of available transport links between place of residence and employment, Cost of transport or Unaware of eligibility for concessionary travel
<b>Care Experienced</b>	Have you ever been in care or from a looked-after background at any point in your life?
<b>Caring Responsibilities</b>	Apart from anything you do as part of paid employment, do you look after, or give any regular help or support to family members, friends, neighbours, or others because of either long-term physical / mental ill-health / disability; or problems related to old age?

Disabilities - Examples	
<b>Deafness or partial hearing loss</b>	Deaf; Deafblind; Deafened; Deafness; Hard of hearing; Hearing impaired; Profoundly deaf; Severely deaf.
<b>Blindness or partial sight loss</b>	Artificial eye; Blind; Deafblind; Detached retina; Legally blind; Partial sight loss; Partially sighted; Sight loss; Visually impaired.
<b>Full or partial loss of voice or difficulty speaking</b>	Full or partial loss of voice or difficulty speaking due to health conditions such as: Autistic spectrum disorder., Cerebral palsy, Dementia, Head or brain injury, Learning disability, Motor neurone disease, Multiple sclerosis, Parkinson's disease, Profound and multiple learning difficulties (PMLD), Stroke, Communication equipment examples: No battery (low tech), Battery operated (high tech)
<b>Learning disability</b>	Acquired brain injury, Cognitive impairment, Down's syndrome, Fragile X syndrome, Mild learning disability, Moderate learning disability, Neonatal brain damage, Profound learning disability, Severe learning disability, Special needs.
<b>Learning difficulty</b>	Dyscalculia; Dyslexia; Dyspraxia; General learning difficulty; Global learning difficulty; Learning difficulty; Meares-Irlen syndrome; Specific learning difficulty; Verbal dyspraxia.
<b>Autism Spectrum Disorder / Condition</b>	Autism Spectrum Disorder, Autism, Spectrum Condition, Asperger's syndrome
<b>Other developmental disorder</b>	Attention deficit disorder, Attention deficit hyperactivity disorder, Emotional learning behaviour, Emotional learning difficulty, Global developmental delay, Oppositional defiant disorder.
<b>Physical disability</b>	Amputee, Hemiplegia, Carpal tunnel syndrome, Difficulty walking, Paralysis, Paraplegia, Physically disabled, Quadriplegic, Unable to walk, Uses walking stick, Wheelchair user.
<b>Mental health condition</b>	Addiction; Anxiety; Bipolar disorder; Depression; Eating disorder; Panic attacks; Postnatal depression; Schizoaffective disorder; Schizophrenia; Seasonal affective disorder; Self harm.
<b>Long-term illness, disease or condition</b>	Angina; Arthritis; Asthma; Cancer; Chronic obstructive pulmonary disease (COPD); Dementia; Diabetes; Epilepsy; Heart condition; High blood pressure (hypertension); Multiple sclerosis; Osteoporosis; Stroke.
<b>No long term health conditions.</b>	If this is the case, please ensure that related data items (disability 1 and disability 2) have the appropriate responses recorded.

Please ask if you have any further questions about this form.