



Youth Contract Wage Incentive – Claim Form

Annex 3

Please use **BLACK** ink and capitals throughout, and complete all boxes that apply.

Part 1: Work Programme Provider Details (for completion by the Work Programme Provider)

Provider CPA Number and Name

Contact Name

Telephone Number

Participant Name

National Insurance Number

Based on PRAp referral Category 1 Category 2

Declaration
I declare that the individual fulfils all the criteria necessary for the employer to qualify for the Youth Contract wage incentive payment.

Name

Signature Date

Part 2: Employer Details (for completion by the Employer)

Employer Name

Company Address (correspondence)

Telephone Number Contact Name

Name of Bank/ Building Society Sort Code

Bank Account Name

Bank Account/Building Society Roll Number

Remittance Advice Address (if different)

Part 3: Job Details (for completion by the Employer)

Job Title

Job Start Date

Payroll Number

Part 4: Full or Part Time (for completion by the Employer)

Tick the appropriate box:

I am claiming for a full-time job of 30 hours or more of work per week

I am claiming for a part-time job of between 16 and 29 hours of work per week
Where the hours have changed week on week please refer to guidance

Part 5: Claim Details (inc. part payments for small employers) (for completion by the Employer)

Tick the appropriate box:

I am claiming an 8 week part payment (for employers with fewer than 50 employees)

I am claiming the balance of 18 weeks (for employers with fewer than 50 employees)

I am claiming a 26 week payment

I am claiming a payment for an individual who completed between 14 and 25 weeks

For additional information regarding the wage incentive, including payments, please refer to the wage incentive website <http://www.dwp.gov.uk/youth-contract/key-initiatives/#wage-incentives>

Where did you hear about the wage incentive? (tick one option only)

Radio

Another Employer

DWP Website

Email or Social Media

Press

Other Website

GOV.UK

Other

Part 6: Employer Declaration (for completion by the Employer)

Declaration

I declare that Parts 2, 3, 4 and 5 are accurate and this claim conforms with all terms and conditions detailed on the wage incentive website. I am attaching a copy/copies of the employees payslip/s to cover the period of employment.

Signature

Name

Date

For Official Use Only (for completion by DWP)

Date received

Processed by

Payment Validated

Yes

No

YCW1

Reason for failed validation

Purchase Order No

Authorised by

Rejection Reason