

## Youth Contract Wage Incentive

### Guidance to Support YCW1 claim form

This guidance has been written to support Providers issuing claim forms to Employers and Employers claiming the Wage Incentive payment.

#### Part 1: Work Programme Provider Details

This part of the form is to be completed by the Work Programme Provider.

##### Provider CPA Number and Name

This is the Contract Package Area Number for the Work Programme and Name of the Provider organisation holding the contract for the area. A list is appended below:

Work Programme		
CPA1 -	East of England	- Ingeus/Seetec
CPA2 -	East Midlands	- A4e/Ingeus
CPA3 -	West London	- Ingeus/Reed/Maximus
CPA4 -	East London	- A4e/CDG/Seetec
CPA5 -	North East	- Avanta/Ingeus
CPA 6 -	Merseyside, Halton, Cumbria, Lancashire	- A4e, Ingeus
CPA7 -	North West & Greater Manchester, Cheshire & Warrington	- Avanta/G4s/Seetec
CPA8 -	Scotland	- Ingeus/Working Links
CPA9 -	Thames Valley	- A4e/Maximus
CPA10 -	Surrey, Sussex, & Kent	- Avanta/G4S
CPA11 -	Devon, Cornwall, Somerset & Dorset	- Prospects/Working Links
CPA12 -	Gloucestershire, Wiltshire & West of England	- JHP Group/Rehab
CPA13 -	Wales	- Rehab/Working Links
CPA14 -	Birmingham, Solihull & Black Country	- EOS/Pertemps/Newcastle College
CPA15 -	Coventry, Warwickshire & the Marches	- ESG/SERCO
CPA16 -	West Yorkshire	- BEST/Ingeus
CPA17 -	South Yorkshire	- A4E/SERCO
CPA18 -	North East Yorkshire & the Humber	- G4S/Newcastle College Group

##### Contact Name

Please enter the Contact Name from the Provider organisation that is completing this form and authorising eligibility for the participant.

##### Telephone Number

Please provide the contact telephone number for the individual named in the Contact Name field.

##### Participant Name

This will typically be the First Name and Surname of the individual.

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National Insurance Number

Please provide the National insurance Number of the customer, in the format of Letter, Letter, Number, Number, Number, Number, Number, Number, Number, Letter

State Aid

To satisfy state aid reporting requirements, we need you to indicate which category the participant falls into, based on their PRaP referral group.

Please use the table below to determine which category the participant falls in to and tick one of the boxes in part 1 of the claim form – either ‘category 1’ or ‘category 2’.

<b>Opportunity/Claimant Group (Category 1 ‘disadvantaged’)</b>	<b>Opportunity/Claimant Group (Category 2 ‘disabled’)</b>
WP JSA 18-24	WP ESA (IR) WRAG 3/6 Mth Mandatory
WP JSA NEET	WP ESA (IR) WRAG 3/6 Mth Mandatory ExIB
WP JSA Claiming 22 of 24Mths	WP ESA (IR) WRAG 3/6Mth Stock
WP JSA Ex-IB	WP ESA (IR) WRAG 12Mth Mandatory
WP JSA Early Access	WP ESA (c) WRAG Mandatory
WP JSA ExOffender day1 mandation	WP ESA (IR) WRAG 3/6 Mth Voluntary
WP IB and IS Volunteers	WP ESA (IR) WRAG 3/6 Mth Voluntary ExIB
	WP ESA (IR) WRAG 12Mth Voluntary
	WP ESA (c) WRAG Voluntary
	WP ESA (IR) Support Group
	WP ESA (IR) Support Group ExIB
	WP ESA (c) Support Group
	WP ESA (c) Support Group ExIB
	WP ESA Credit Only

Declaration

You are declaring that the participant is eligible for an employer to claim a wage incentive payment.

Name

Please enter the full name of the person signing the declaration in block letters.

### Signature

This should be the signature of the person named in the field above, who is signing the declaration that the individual fulfils all the criteria necessary for the employer to qualify for the Youth Contract wage incentive payment.

### Date

Please enter the date that the signature is made.

## **Part 2: Employer Details**

This part of the form is to be completed by the Employer claiming the Youth Contract wage incentive payment.

### Employer Name

This is the full title of the employing organisation.

### Company Address (correspondence)

The full postal/correspondence address of the employing organisation including postcode.

### Telephone Number

Please provide the telephone number of the most appropriate contact within the employer organisation.

### Contact Name

Please provide the contact name of the most appropriate person at the employer organisation.

### Name of Bank / Building Society

Please provide the name of the bank or building society with whom the employer/company banks.

### Sort Code

Please provide the six digit sort code number for the bank with whom the employer/company banks.

### Bank Account Name

Please provide the name of your bank account.

### Bank Account/Building Society Roll Number

Please provide the bank account number or building society account number and roll number

Remittance Advice Address (if different to above)

Please provide detail of the address where you require a remittance advice to be sent to if it differs from your company address. For example, a central finance/administration office for your organisation.

**Part 3: Job Details**

This part of the form is to be completed by the Employer claiming the Youth Contract wage incentive payment.

Job Title

Please provide the official job title of the post for the employee that you are claiming the wage incentive payment for.

Job Start Date

Please enter the date on which your employee started employment.

Payroll Number

Please provide the unique payroll number for your employee, where applicable.

**Part 4: Full or Part Time**

This part of the form is to be completed by the Employer claiming the Youth Contract wage incentive payment.

Please tick the appropriate box to indicate the rate that you wish to claim based on the number of hours of worked each week:

- Full time job – 30 hours or more each week
- Part time job – 16 to 29 hours each week

The wage incentive payment rates can be seen at the wage incentive website.

Where employees move in and out of the full-time and part-time hours each week, then the number of weeks and total number of hours worked will need to be averaged and the rate claimed at appropriate rate for either full-time or part-time.

## **Part 5: Claim Details (inc. part payments for small employers)**

This part of the form is to be completed by the Employer claiming the Youth Contract wage incentive payment.

For small organisations of fewer than 50 employees, two claim forms will have been issued by the Provider; one for the 8 week sustained wage incentive payment and one for the 26 week sustained wage incentive payment. For this latter payment only the balance of 18 weeks will be paid for an organisation of fewer than 50 employees, and this option should be ticked for claiming that amount.

For a large organisation, 50 or more employees, only one claim form will have been issued to claim the 26 week sustained wage incentive payment and this option should be ticked for claiming that amount.

Where an employee has left or been dismissed then a payment of half of the wage incentive will be made at the relevant rate, and employers will be required to tick the box for an individual who completed between 14 and 25 weeks.

All claims for wage incentive payments will need to be submitted within 6 weeks of the payment type being claimed.

Please complete the question to inform the Department where you heard about the wage incentive; please tick one option only.

## **Part 6: Employer Declaration**

### Declaration

Payslips covering either the full period of employment, or payslips showing that a full cumulative period of employment has been undertaken by the employee will need to be attached to the claim form.

### Signature

The Employer contact will need to sign the claim form.

### Name

Employer Contact to Print Name, First Name followed by Surname.

### Date

Please enter the date on which the claim form is completed.