

# Failure to take part in the Work Programme

jobcentreplus

WP08  
10/2015

Department for  
Work and Pensions

## Please note that this form may be shown to the participant

For information and help with filling in this form, please click on the following links:

[WP08 Hints and Tips](#)  
[DMA Quality Assurance Framework](#)  
[Provider Guidance \(Chapter 6\) – Raising a Compliance Doubt](#)

Date the participant failed to take part in the mandatory activity

Benefit this referral relates to (select from list)

Did you contact the Provider Direct Service before making this referral?

Yes

No

### Part 1 Participant details

- 1 Name
- 2 National Insurance number
- 3 Date of birth
- 4 Telephone number
- 5 Address the Mandatory Activity Notification (MAN) was sent to (including post code)


### Part 2 Mandatory Activity Notification details

- 1 Date MAN issued to the participant
- 2 Method of issue
- 3 Date of the mandatory activity
- 4 Time of the mandatory activity
- 5 Give full details of the mandatory activity


### Part 3 Benefit details on the date the participant failed to participate

Check on/off benefit scan before filling in this section

#### Jobseeker's Allowance participants

- |   |   |     |    |
|---|---|-----|----|
| 1 | Was the activity the participant was asked to do within any restrictions notified to you by Jobcentre Plus? | Yes | No |
| 2 | Was the activity the participant was asked to do reasonable taking into account their circumstances?        | Yes | No |

#### Employment and Support Allowance participants

- |   |  |     |    |                     |
|---|--|-----|----|---------------------|
| 3 | Is their participation on the Work Programme mandatory?  | Yes | No |                     |
| 4 | Was the activity the participant was asked to do reasonable taking into account their circumstances? | Yes | No |                     |
| 5 | Has the participant's vulnerable group status been checked?  | Yes | No |                     |
| 6 | Is the participant in a vulnerable group?  | Yes | No | If No, go to Part 4 |
| 7 | If Yes, was safeguarding action taken?   | Yes | No |                     |

- 8 If you have tried but failed to see the participant face to face, please explain in detail what actions (for example timeline, dates, name of advocate etc.) you have taken

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### Part 4 Re-compliance Mandatory Activity Notification details

Employment and Support Allowance participants and Income Support-only lone parent participants

Tell us what you have told them that they must do now to have their benefit paid in full.

- |   |                                |  |
|---|--------------------------------|--|
| 1 | Date re-compliance MAN issued  |  |
| 2 | Method of issue                |  |
| 3 | Date of the mandatory activity |  |
| 4 | Time of the mandatory activity |  |

- 5 Give full details of the mandatory activity

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### Part 5 Re-arrangement details (if applicable)

- 1 Did the participant try to re-arrange the appointment before the date/time of the appointment?

- 2 If **Yes**, did you agree to re-arrange?

- 3 If **Yes**, give full details of the MAN sent out with the new arrangements

- 4 If **No**, explain why you did not allow the participant to re-arrange


### Part 6 Non-participation details

#### Statement from adviser or tutor

Complete the fields below to give a factual account of exactly how the participant failed to participate.

- 1 How did they fail to participate?  
2 Give full details


**Part 7 Information or evidence relating to non-compliance with the mandated activity provided by the participant**

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**Part 8 Any other information**

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**Part 9 Provider details and declaration**

I confirm that the above is a full and accurate statement.

(tick to confirm)

1	Name of adviser or tutor	
2	Date	
3	Email address to which the decision should be sent	
4	Correspondence address to which queries/decision should be sent if email not appropriate	
5	Telephone number	
6	Name and address (including postcode) of provider	
7	Name of Prime provider	
8	Name of sub-contractor, if appropriate. Include name of Prime provider if a sub-contractor	