

Withdrawn

This publication has been withdrawn.

It is no longer current.

ESF14 form completion notes

The ESF14 stencil is a document which providers should download – each time from the provider guidance. Updates are likely to be made to the form as part of general maintenance and improvement activity; **therefore we do not recommend that providers copy it to their own systems without regularly checking the version reference.**

In the event that the form is unavailable electronically for any reason, providers should take a hard copy of the blank stencil and complete this by hand. **Please note however that this should only be used as a contingency and not as standard practice.**

The following table is a guide for completing the ESF14.

Field	Entry
Unique Identification (UI) details:	Enter the UI if applicable.
Jobcentre Plus contact name and address	Enter the Jobcentre Plus contact name and office to which this contract relates.
Prime Provider's contact name and address	Enter the official name of the organisation which holds the contract the Department for Work and Pensions. The name of any sub contracting organisation should NOT be used.
Prime contract number	Enter the contract number issued to you by the DWP Contract Manager when the contract was signed.
Phone number	Enter the telephone number of the Prime provider.

Section 1: Individual's details

Field	Entry
Method of referral	Indicate whether the participant was identified to you by a local authority or your Secondary Referral Route.
Has an ESF14 previously been submitted for this person?	If an ESF14 has been submitted previously for this customer you should circle YES.
National Insurance Number	Enter the individual's National Insurance Number as advised by the Local Authority or by the participant.
Title	Enter the individual's preferred title.
Forename/other names	Enter the forename and other names of the individual.
Surname	Enter the surname of the individual.
Address	Enter the individual's usual residential address.
Gender	Tick box Male or Female.
Date of Birth	Enter the individual's date of birth.
Ethnicity	Show the boxes to the individual and ask them to select which category applies to them.
Substantial/long term impairment	Ask the individual if they consider themselves to have a substantial/long term impairment that may affect their ability to work. Tick the relevant box and if yes, complete name of the condition from the list below in the free text box: Mobility; Manual Dexterity; Physical Co-ordination; Continence; Ability to lift, carry or otherwise move everyday objects; Speech, hearing or eyesight; Memory or ability to concentrate, learn or understand; Perception of the risk of physical danger; Cumulative effect of several of the

	above; Past Disability; Progressive Condition; Recurring Condition; Severe Disfigurement; and Supported by Specialist Disability Services Programmes/Services
Benefit	Ask the individual what benefits (if any) they are receiving.

Section 2: More information for the individual

Ensure that the individual has read and understands this information before they enter their signature and the date at Section 3.

Section 3: Individual's Declaration

To be completed after the participant has read Section 2

Field	Entry
Declaration – participating, qualifying members of the family	The individual should answer either yes or no by circling the appropriate choice.
Individual's signature	The individual should sign the form once identity and eligibility checks have taken place and declaring that they have received leaflet DWPF06.
Date	The individual should write the date the form was signed.

Section 4: Provider Declaration

To be completed by the provider and not the participant

Field	Entry
Qualifying person's name	Enter the name of the person who has agreed to be a qualifying person for the family – more information in Chapter 3
Qualifying person's National Insurance Number	Enter the qualifying person's national insurance number.
Identity documents seen	Tick yes to confirm you have verified the identity of the individual named in section 1. <u>Do not</u> submit the ESF14 if you have not seen relevant ID.
Completed by (Prime provider or their delivery partner)	Print the name of the individual and the delivery provider who has completed the form.
Signature	Enter the signature of the delivery provider who has completed the form.
Date	Enter the date on which the form was completed.

Section 5: Jobcentre Plus will complete this section to confirm:

5A

- PRaP Referral made.
- A mandatory Work Programme referral is imminent for the individual and the date if known. Individuals should be attached to the ESF provision prior to the WP referral.

5B

- PRaP Referral not made and reasons.
- Return incomplete or incorrectly completed ESF14s
- Accept amendments for previously rejected ESF14s once completed by the individual participant.