

Withdrawn

This publication has been withdrawn.

It is no longer current.

Annex 2: Residential Training College Provider Guidance

Notes on Completion of JT6

Part 1: Claim Provider's details

| Field | Entry |
|--------------------------|--|
| Contract holder | The official name of the organisation which holds the contract with Department for Work & Pensions. This should not be the name of any sub-contracting organisation. |
| Contract Holder address | Enter the full address of the main contract holder. |
| Contract Number | The number issued to you by the DWP and is found on the front of the 2012/13 contract. |
| VAT Registration Number. | Enter your VAT number (if applicable). |
| VAT Invoice No. | Your VAT invoice number (if applicable). |
| Contact name | Enter the name of the person the Residential Training Team can contact in case of any queries. |
| Contact 'phone number | The telephone number for the above person. |
| Claim period | Enter the start and end dates of the 4 or 5 week claim period the claim covers. |

Part 2: Claim details

| Field | Entry |
|----------------------------------|---|
| VAT status | Indicate the VAT status by writing "standard" or "exempt" in this column. |
| Amount | Enter the amount claimed for each payment type. |
| Number Claimed | Enter number of outcomes claimed for by each outcome type |
| VAT exempt elements | Total the VAT exempt elements and enter in the Total amount claimed box A1. |
| Total amount claimed (excl. VAT) | Total the VAT chargeable elements (excluding VAT) and enter in box B1. |
| VAT at 20% (current VAT rate) | Multiply B1 x 20% to calculate the VAT and enter in box B2. |
| Total amount claimed (incl. VAT) | Total amount claimed including VAT (B1+B2) and enter in box B3. |

Total amount claimed Add A1+B3 and enter this amount

Part 3: Declaration

The person preparing the claim form must print their name and sign this part. The form must be countersigned by an authorised signatory.