

Withdrawn

This publication is withdrawn.
The publication is no longer current.

Annex 2 (2017) – Forms/E-forms Pertaining to Work Choice

This Annex pertains to all referrals to Work Choice during the contracts' extension period in England and Wales effective from April 2017; specifically from 25th April for contracts originally awarded in 2010, and from 7th April for Remploy.

For guidance pertaining to all referrals to Work Choice made prior to this extension period please see the previous version of Work Choice Provider Guidance which has been retained on GOV.UK for reference:

<https://www.gov.uk/government/collections/dwp-provider-guidance>

This Annex contains copies of the forms and e-forms which you will require for the Work Choice programme, together with notes for completion.

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Work Choice Statutory Referral Organisation 1 Form (WCSRO1)

[Work Choice Statutory Referral Organisation 1 Form \(WCSRO1\)](#)

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Guidance notes

Introduction

A2.1. The purpose of the Work Choice Statutory Referral Organisation 1 (WCSRO1) form is to enable disabled people with the highest support needs, particularly those with learning disabilities and mental health conditions, to be introduced to Providers via a Statutory Referral Organisation (SRO).

A2.2. This will be particularly helpful for people with learning disabilities and/or mental health conditions who might not visit or contact a Jobcentre Plus office, and therefore would not normally come into contact with DEA services.

A2.3. You must take care to complete this form accurately so that Jobcentre Plus can use the information it contains to create an accurate Labour Market System (LMS) record and successfully refer the customer to the Work Choice programme via the Provider Referral and Payment (PRaP) system.

A2.4. If, due to incomplete data, an LMS record cannot be set up for each customer referred via a Statutory Referral Organisation you will not receive payments for them.

Completing and Sending the WCSRO1 Form

A2.5. The WCSRO1 form should be completed on screen, with the customer present so they can see the form as it is being populated. With the exception of Part 1 - Statutory Referral Organisation Details, and Part 2 - Customer Title, Surname, Forename and National Insurance Number, which will have been pre-populated during the introductory phone call with the SRO.

A2.6. The customer must be able to view all information recorded before the form is finalised. After completion you must print a paper copy of the form to obtain the customer's signature and you must offer the customer a copy of the completed form. You must retain the original, and send a copy of the complete form (including the consent part) to your agreed local JCP office **by secure post**, ensuring you correctly record this action on the log provided below. All WCSRO1 forms must be sent by secure post (a minimum of Track and Trace) and must be logged for audit purposes. You should then notify your local JCP that the documents have been sent.

[Log of transfers template](#)

Completing the Work Choice Statutory Referral Organisation 1 Form

A2.7. The WCSRO1 form consists of 3 pages:

Page 1 – Captures details of the Statutory Referral Organisation; all the information required to create a customer's LMS record and eligibility details;

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Page 2 – Captures the customer suitability details;

Page 3 – Contains your declaration and the customer's declaration and consent.

A2.8. Do not print a copy of the WCSRO1 form until all details in Parts 1– 4, and details of the identity documents seen in Part 5, have been completed. Then you must print off the form, sign, date, and print your name and job title. You must also ensure that the customer understands the customer declaration, obtain their signature and offer the customer a copy of the form.

WCSRO1 Part 1 – Statutory Referral Organisation Details

This information is essential for Jobcentre Plus to monitor the number of referrals from each type of Statutory Referral Organisation.

Statutory Organisation type This question has a drop down menu and you will select from the options below:

Local Authority
National Health Service
(In Wales Local Health Boards and in Scotland Health Boards - Record as National Health Service)
Local Education Authority
PRU (i.e. Armed Services Personnel Recovery Unit)
H4H (i.e. Help for Heroes Recovery Centre)
The Recovery Careers Service

| | |
|-----------------------------|---|
| Statutory Organisation name | Input name of the Statutory Referral Organisation. |
| Address | Input the full address and postcode of the Statutory Referral Organisation. |
| Telephone Number | Input full contact telephone number for the SRO, including STD (area code) if it is a landline. |
| Date Customer introduced | Please enter the date that the Statutory Referral Organisation contacted you to introduce the customer. |

WCSRO1 Part 2 – About the Customer

This information is essential for Jobcentre Plus to create a customer record on the Labour Market System (LMS). If the information is incorrect or incomplete an LMS record cannot be set up and JCP will be unable to refer the customer via PRaP and you will not be able to claim payments in relation to this customer.

Title This question has a drop down menu and you will

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select from the options below:

Mr
Mrs
Miss
Ms

| | |
|-------------------------|---|
| Surname and Forename(s) | Input customer's full surname and forename(s). DO NOT use initials. |
|-------------------------|---|

| | |
|---------------|---|
| Date of Birth | Provide customer's date of birth as six numerical digits. For example, 29 th September 1993 should be input as 29/09/93. |
|---------------|---|

| | |
|-----------|--|
| NI Number | Record the customer's full National Insurance Number. This number is the key criteria for LMS data searches, so accuracy is essential. |
|-----------|--|

| | |
|----------------------|--|
| Address and Postcode | Input customer's full home address including postcode. |
|----------------------|--|

| | |
|--------------|--|
| Phone Number | Input full contact telephone number for the customer, including STD (area code) if it is a landline. |
|--------------|--|

| | |
|-----------------|---|
| Parental Status | From the drop down list below, select the parental status the customer feels best describes their situation. This information will help JCP tailor its services to the customer. You <u>must</u> tell the customer that they can select "No" if they do not wish to provide this information. |
|-----------------|---|

No - select if the customer is not a parent or doesn't wish to provide information.

Lone - select if the customer has sole responsibility for a child under 16 years of age.

Couple- select if the customer has joint caring responsibilities for a child under 16 years of age.

| | |
|-----------|--|
| Ethnicity | From the drop down list below, select the ethnicity type the customer feels best describes their ethnic origin. You <u>must</u> tell the customer that there is a 'prefer not to say' option should they wish not to select an option. |
|-----------|--|

Prefer not to say
White British
White Irish
White Other
Mixed White and Black Caribbean
Mixed White and Black African
Mixed White and Asian
Mixed Other

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Asian or Asian British Indian
Asian or Asian British Pakistani
Asian or Asian British Bangladeshi
Asian or Asian British Other
Black or Black British Caribbean
Black or Black British African
Black or Black British Other
Chinese
Other Ethnic Group

| | |
|-----------------------|---|
| Primary Benefit | <p>This question has a drop down menu and you will need to select the primary benefit the customer is claiming from the options below.</p> <p>If the customer is <u>Unemployed</u> claiming Job Seekers Allowance please select 'N/A':</p> <p>Employment and Support Allowance Incapacity Benefit Severe Disablement Allowance Carer's Allowance Bereavement / Widow's Benefits Income Support Universal Credit None N/A</p> <p>If the customer is not claiming any of the benefits listed, please select 'None'.</p> |
| Reasonable Adjustment | <p>This is a free text box for you to explain what adjustments the customer requests in order to access your services.</p> |

WCSRO1 Part 3 – Work Choice Eligibility

This information is essential for Jobcentre Plus to ensure that customer's eligibility details are correctly recorded in Labour Market System (LMS). If the information is incorrect or incomplete an LMS record cannot be set up and JCP will be unable to refer the customer via PRaP and you will not be able to claim payments in relation to this customer.

To be eligible, a customer must be of working age (see Section 2 para 2.2 footnote 1) with no upper age limit) and [disabled as defined by the Equality Act 2010](#).

| | |
|-----------------------|---|
| Details of Disability | This question has a number of check box options |
|-----------------------|---|

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and you should select all those that apply to the individual customer, from the list below:

Mobility
Manual dexterity
Physical coordination
Continence
Ability to lift, carry or otherwise move everyday objects
Speech, learning 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

Disability Type

This question has a drop down menu and you will need to select from the options below:

Conditions restricting mobility/dexterity
Visual impairment
Hearing and/or Speech impairment
Long Term Medical Conditions
Moderate to Severe Learning Disability
Mild Learning Disability
Severe Mental Illness
Mild to Moderate Mental Health condition
Neurological Conditions
Multiple Conditions

Note: you should select:

- Severe Learning Disability - where a customer is accessing health services for support.
- Severe Mental Illness - where a customer is accessing secondary mental health services.

Impact on Work

This is a free text box for you to explain the nature/name of the disability or condition including brief details of how it impacts upon the kind of work the customer is seeking/can do.

For example, "Arthritis in hands and wrists. Cannot do work involving repetitive movement such as typing."

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WCSRO1 Part 4 – Work Choice Suitability

This information is essential for Jobcentre Plus to ensure that the customer's suitability is correctly established. You must ensure that the customer meets all five criteria and that supporting information is recorded against each.

LMS and PRaP make use of two referral opportunities specifically created for Work Choice candidates with Autistic Spectrum Conditions (ASC). The purpose of these discrete opportunities is to offer Work Choice providers timely, relevant and pertinent information that enables providers to recognise, prepare for and provide the most effective support for individuals with autism; ensuring that any reasonable adjustment solutions can be identified at the earliest intervention (in accordance with the Equality Act 2010). If the customer wishes to request that their referral to Work Choice be made via one of these opportunities, please note their wishes in the first of the Suitability boxes in Part 4.

Suitable candidates for Work Choice:

- experience complex employment support needs arising primarily from their disability; AND
- have barriers in work that cannot be overcome through workplace adjustments required under the Equality Act 2010 and/or Access to Work support; AND
- likely to need support in work as well as help with finding work; AND
- cannot be helped through other DWP programmes; AND
- following Module One and the intensive support it provides, expect to be able to work for a minimum of 16 hours or more per week.

Note: In recognition of a participant's needs you will move people into work at different rates depending on the individual customer.

Work Choice programme design-expectation is that, normally, up to six months in Module One should be adequate for most participants, however, should you believe that an individual participant would benefit from extra time in Module One, you may allow a maximum of a further six months – i.e. **up to a maximum of twelve months in total**. See Section 4 of this Guidance.

Customer is eligible, meets all of the above suitability criteria and is accepted onto the Work Choice programme?

- | | |
|-----|--|
| Yes | - select if the customer meets <u>all</u> five suitability criteria. |
| No | - select if the customer does not meet the suitability criteria and you have not accepted them onto Work Choice. |

If 'No' please give details opposite

This is a free text box for you to explain why the customer has not been accepted onto the Work

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Choice programme.

If the customer is not accepted, do not forward a copy of the form to JCP, however you must retain a copy for audit purposes.

WCSRO1 Part 5 – Work Choice Provider Declaration

Confirmation

You must confirm that you have checked through all of the information gathered in Parts 2, 3 & 4 with the customer. You must check the customers proof of identity and record details of the ID you have seen in this section and confirm that the customer is both eligible and suitable. You must confirm that you have checked that the customer is not a current participant on the Work Programme.

If the customer has been introduced to you by a PRU, H4H or Recovery Careers Service you must add their Discharge Date in the box provided.

WCSRO1 Part 6 – Customer Declaration and Consent

You must obtain customer's signature to confirm that the customer:-

- agrees the information on this form is accurate, and;
- they understand what will happen with the information gathered about them.

Important: JCP will NOT accept forms that are not fully completed.

A2.9. If you have any problems completing the form or have any questions that are not addressed in this guidance, please contact your Performance Manager.

Work Choice Statutory Referral Organisation – Authorisation Form

[Work Choice Statutory Referral Organisation – Authorisation Form](#)

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Guidance notes

Introduction

A2.10. The purpose of the Work Choice Statutory Referral Organisation Authorisation form (WCSRO Auth) is to ensure that only organisations that support disabled people with the highest support needs, particularly those with learning disabilities and mental health conditions, are permitted to introduce customers to Work Choice Providers.

A2.11. You must ensure that this form is completed accurately so that all of the information needed to authorise and verify these organisations is gathered. If the form is incomplete, contains errors, or has not been verified or authorised correctly, action will be taken by your performance manager.

Completing the Work Choice Statutory Referral Organisation Authorisation Form

A2.12. The WCSRO Auth consists of 1 page with 3 sections, these are:

- Part 1 – Captures details of the proposed Statutory Referral Organisation and, where necessary, the name of the person to contact within the LA, NHS or LEA.
- Part 2 – Verification details to be completed by LA, NHS or LEA official.

Note: If the proposed SRO is one of the Armed Services Personnel Recovery Units, The Recovery Careers Services or one of the Help for Heroes Recovery Centres listed in Section 2 of this Guidance, verification at Part 2 is **not** required. These organisations have received specific central dispensation to become SROs.

- Part 3 – Authorisation to be completed by you.

A2.13. When a Statutory Referral Organisation is recommended to you, all appropriate details in Part 1 of the Work Choice Statutory Referral Authorisation form should be collected and input electronically.

A2.14. If the proposed SRO is a LA, NHS or LEA you must then forward the form by email to the official contact within the LA, NHS or LEA named in Part 1. You must then instruct them to print off the form, complete Part 2 and send the hard copy with original signature to you.

Note: If the proposed SRO is one of the Armed Services Personnel Recovery Units, The Recovery Careers Services or one of the Help for Heroes Recovery Centres listed in Section 2 of this Guidance, verification at Part 2 is **not** required. These organisations have received specific central dispensation to become SROs.

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WCSRO Auth Part 1 – Proposed Statutory Referral Organisation Details

This information is essential to assess the potential Statutory Referral Organisation eligibility against the criteria detailed in Part 3.

Statutory Organisation name Input name of the Statutory Referral Organisation.

Statutory Organisation -SRO type This question has a drop down menu and you will select from the options below:

Local Authority
National Health Service (in Wales Local Health Boards and in Scotland Health Boards - Record as National Health Service)
Local Education Authority
PRU (i.e. Armed Services Personnel Recovery Unit)
H4H (i.e. Help for Heroes Recovery Centre)
The Recovery Careers Service

Telephone Number Input full contact telephone number for the SRO including STD (area code) if it is a landline.

SRO Contact name Please input the full name of your official contact within the SRO.

SRO email address Input the full email address of your contact within the SRO.

SRO Postal Address Input the full address and postcode of the Statutory Referral Organisation.

Please give details of the services that the proposed SRO offers This is a free text box for you to explain what services the SRO offers and to establish that they are the correct type of organisation for Work Choice.

Please also provide full contact name, official position, email address and contact number including STD (area code) of the person within the LA, NHS or LEA with whom the SRO has an agreement to provide these services.

WCSRO Auth Part 2 – Verified by

If the proposed SRO is a LA, NHS or LEA, once Part 1 is fully completed you must forward the form by email to the LA, NHS (in Wales Local Health Boards and In Scotland Health Boards) or LEA contact named in Part 1. You must instruct them to print off the form, complete Part 2, to confirm that the Organisation detailed in Part 1 fulfils the Work Choice criteria (i.e. works on behalf of them to support disabled people with the highest support needs, particularly those with learning disabilities and mental health conditions, consider and move into employment) and send the hard copy back to you.

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If the proposed SRO is one of the Armed Services Personnel Recovery Units, The Recovery Careers Services or one of the Help for Heroes Recovery Centres listed in Section 2 of this Guidance, verification at Part 2 is **not** required. These organisations have received specific central dispensation to become SROs.

| | |
|---------------------|--|
| LA, NHS or LEA name | Complete name of the LA, NHS (LHB, HB) or LEA. |
|---------------------|--|

| | |
|------|--------------------------------|
| Name | Verifier must print full name. |
|------|--------------------------------|

| | |
|-------------------|--|
| Official Position | Complete official position (job role) details. |
|-------------------|--|

| | |
|------------------|---|
| Telephone Number | Complete full contact telephone number including STD (area code) if it is a landline. |
|------------------|---|

| | |
|---------------|--|
| Email address | Complete the full email address of the verifier within LA, NHS (LHB, HB) or LEA. |
|---------------|--|

The form must be signed and dated by the verifier.

WCSRO Auth Part 3 – Authorised by

When you receive the form back from the LA, NHS (LHB, HB) or LEA you must check that the official who has verified the SRO is the person named in Part 1.

If they differ please annotate the form with reason. Once you are satisfied that the SRO meets the criteria detailed in Part 3 you must complete Part 3 and sign and date the form authorising the organisation detailed in Part 1 as a valid SRO.

Important: You must retain the signed copy for audit purposes and email a copy to your local Jobcentre Plus office.

Guidance for Remploy Ltd only – April 2015

Remploy Ltd only should retain the signed copy for audit purposes, add the SRO name to your list of Approved SROs and email a copy of your updated list of Approved SROs to Janet Gillespie, Performance Manager
JANET.GILLESPIE@DWP.GSI.GOV.UK

Customer Consent Form

A2.15. Because DWP carry out validation checks of Job Outcome payments made to Providers, a customer consent form is provided, below, which **must** be completed by all customers who start on DWP Employment Programmes.

A2.16. Please ensure you complete this form with your organisation's details and obtain your participants' written consent to share their information at the

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earliest appropriate moment in Module One. You must store this form securely and retain it for inspection, when required, by DWP validators.

A2.17. As Work Choice provision is aimed specifically at disabled people with complex employment-related needs you must take particular care to ensure that each individual participant understands the content and meaning of this consent form.

CUSTOMER CONSENT FORM

Employment Programmes – consent to share information

[Name of Provider] is working with Jobcentre Plus programme participants on behalf of the Department for Work and Pensions (DWP) to help these participants to increase their skills to help them find and keep work. [Provider] may claim a payment from DWP for every Jobcentre Plus participant who finds work while or after participating in a programme.

To claim a payment from DWP [Provider] may need to confirm details of your employment

To validate these claims DWP may need to confirm details of your employment. Where appropriate, this may involve confirming details with each of your employers.

To achieve this, [Provider], DWP and your future employers need your consent to share information about you as follows:

Stage 1: [Provider] will give your name and national insurance number to your future employer.

Stage 2: Your employers will use your name and national insurance number to identify you, so that they can confirm to [Provider] some or all of the following information:

- The date you began each period of your employment;
- Whether your employment is continuing;
- If not continuing, the date each period of your employment ended;
- whether you were employed during a specific period;
- the number of hours you worked each week;
- the amount of your earnings each week;
- your employee number or other unique identifier.
- This information can only be provided where company payroll/structures exist, and therefore if no payroll numbers or detail is present, this information cannot be supplied.

Stage 3: To validate payment claims from [Provider], DWP may contact your employer using your name and national insurance number to ask for the

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information listed at stage 2. It will use this information to:

- Check if the information given to it by the [Provider] is correct; and
- Evaluate the programme.

DWP will store your information securely for audit purposes.

If you do not give consent, this will not affect your entitlement to participate in the programme, or any job offer or employment obtained. You can write to [Provider] at any time to withdraw your consent and this will not affect your placement on the programme or any employment or offer of employment made.

Participant name..... (Please print name in full)

I give consent for [Provider], my future employer and DWP to share information as described in stages 1 to 3 above.

I confirm that:

I have read the information above and understand why this information sharing is needed and how this information will be used.

I understand that:

If I am in receipt of any benefits, my entitlement to these benefits will not depend on whether I choose to give consent or not.

My placement on any programme with [Provider] and any employment or future offer of employment will not depend on whether I choose to give consent or not.

I can withdraw my consent at any time by writing to [Provider]

Signature

Date.....