

# Withdrawn

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The publication is no longer current.

## Annex 1- SES Forms and Completion Guidance

### Form SESSROAuth

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/470703/ses-form-sessroauth.xls](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470703/ses-form-sessroauth.xls)

#### Introduction and Guidance notes

- A1.1. The purpose of the SES Statutory Referral Organisation Authorisation form (SESSRO 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 SES Providers.
- A1.2. 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 SES Statutory Referral Organisation Authorisation Form

- A1.3. The SESSRO Auth consists of 1 page with 3 chapters, 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.
  - Part 3 – Authorisation to be completed by you.
- A1.4. When a Statutory Referral Organisation is recommended to you, all appropriate details in Part 1 of the SES Statutory Referral Authorisation form should be collected and input electronically.
- A1.5. 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.

**SESSRO 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	<p>This question has a drop down menu and you will select from the options below (only – please disregards any other options):</p> <ul style="list-style-type: none"> <li>• Local Authority</li> <li>• National Health Service (in Wales Local Health Boards and in Scotland Health Boards - Record as National Health Service)</li> <li>• Local Education Authority</li> </ul>
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 SES.
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.	

**SESSRO Auth Part 2 – Verified by**

<p>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 SES 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.</p>	
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.	

### SESSRO 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 contact.**

### Customer Consent Form

A1.6. Because DWP carry out validation checks of Job Outcome payments made to Providers, a customer consent form is provided which **must** be completed by all customers who start on DWP Employment Programmes.

A1.7. Please ensure you complete this form with your organisation's details and obtain your participants' written consent to share their information at the earliest appropriate moment. You must store this form securely and retain it for inspection, when required, by DWP validators.

#### [Customer consent to share information form](#)

A1.8. As SES 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.

## Form SESSRO1

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/470704/ses-form-sessro1.xls](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470704/ses-form-sessro1.xls)

### Introduction and Guidance notes

- A1.9. The purpose of the SES Statutory Referral Organisation 1 (SESSRO1) 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).
- A1.10. 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.
- A1.11. 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 your programme via the Provider Referral and Payment (PRaP) system.
- A1.12. 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 SESSRO1 Form

- A1.13. The SESSRO1 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, this will have been pre-populated during the introductory phone call with the SRO.
- A1.14. 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 or log this action. All SESSRO1 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.

## Completing the SES Statutory Referral Organisation 1 Form

A1.15. The SESSRO1 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;
- Page 2 – Captures the customer's eligibility and suitability details;
- Page 3 – Contains your declaration and the customer's declaration and consent.

A1.16. Do not print a copy of the SESSRO1 form until all details in Parts 1– 4, and details of the identity documents recorded 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.

### SESSRO1 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 (only – please disregard any other choices:
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- Local Authority
- National Health Service (In Wales Local Health Boards and in Scotland Health Boards - Record as National Health Service)
- Local Education Authority

Statutory Organisation name	Input name of the Statutory Referral Organisation.
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Address	Input the full address and postcode of the Statutory Referral Organisation.
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Telephone Number	Input full contact telephone number for the SRO, including STD (area code) if it is a landline.
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Date Customer introduced	Please enter the date that the Statutory Referral Organisation contacted you to introduce the customer.
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## SESSRO1 Part 2 – Participant Details

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	<p>This question has a drop down menu and you will select from the options below:</p> <p>Mr Mrs Miss Ms</p>
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 <sup>th</sup> 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	<p>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.</p> <p>No - select if the customer is not a parent or doesn't wish to provide information.</p> <p>Lone - select if the customer has sole responsibility for a child under 16 years of age.</p> <p>Couple - select if the customer has joint caring responsibilities for a child under 16 years of age.</p>
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.

	<p>Prefer not to say</p> <p>White British</p> <p>White Irish</p> <p>White Other</p> <p>Mixed White and Black Caribbean</p> <p>Mixed White and Black African</p> <p>Mixed White and Asian</p> <p>Mixed Other</p> <p>Asian or Asian British Indian</p> <p>Asian or Asian British Pakistani</p> <p>Asian or Asian British Bangladeshi</p> <p>Asian or Asian British Other</p> <p>Black or Black British Caribbean</p> <p>Black or Black British African</p> <p>Black or Black British Other</p> <p>Chinese</p> <p>Other Ethnic Group</p>
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</p> <p>Incapacity Benefit</p> <p>Severe Disablement Allowance</p> <p>Carer's Allowance</p> <p>Bereavement / Widow's Benefits</p> <p>Income Support</p> <p>Universal Credit</p> <p>None</p> <p>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>
<p><b>SESSRO1 Part 3 – Specialist Employability Support (SES) Eligibility</b></p>	
<p>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</p>	



JCP will be unable to refer the customer via PRaP and you will not be able to claim payments in relation to this customer.

Eligible customers for SES are those who:

- are resident in the UK. Note – this includes::
  - people currently legally living in Great Britain – UK passport holders (or eligible to hold a UK passport)
  - foreign passport holders as long as there is an endorsement in their passport allowing them to undertake paid employment – i.e. there are no employment restrictions/prohibitions
  - holders of EU passports (subject to any endorsement prohibiting them from working in the UK);
- are not in employment;
- are of working age;
- have a disability as defined by the 2010 Equality Act;
- have complex employment support needs, not necessarily arising primarily from their disability (for example, social or financial support needs), and need support to help them move nearer to, or into work;
- are not suitable for other DWP programmes including the Work Programme or Work Choice;
- are not suitable for non-DWP provisions available locally or nationally.

**Details of Disability**

This question has a number of check box options 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."

## SESSRO1 Part 4 – SES Suitability

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

Suitable candidates for SES:

- Have employment support needs and barriers that are likely to take more than two to three months to resolve
- AND are not suitable for other DWP programmes including the Work Programme or Work Choice
- AND are not suitable for non-DWP provisions available locally or nationally

In the box provided you should also record which PROGRAMME STRAND (i.e. SES Main Provision or SES Start Back) you have agreed with the participant.

In the box provided you should note the Start Date, End Date and PO number of IA (as usually noted on the Customer Tracking Document.)

Customer is eligible, meets all of the above suitability criteria and is accepted onto the SES programme?	Yes	- select if the customer meets <u>all</u> suitability criteria.
	No	- select if the customer does not meet the suitability criteria and you have not accepted them onto SES.
If 'No' please give details opposite	<p>This is a free text box for you to explain why the customer has not been accepted onto SES programme.</p> <p>If the customer is not accepted, do not forward a copy of the form to JCP, however you <u>must</u> retain a copy for audit purposes.</p>	

### SESSRO1 Part 5 – Provider Declaration

Confirmation	<p>You <u>must</u> confirm that you have checked through all of the information gathered in Parts 2, 3 &amp; 4 with the customer. You <u>must</u> check the customers proof of identity and record details of the ID you have seen in this chapter and confirm that the customer is both eligible and suitable. You <u>must</u> confirm that you have checked that the customer is not a current participant on the Work Programme.</p>
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### SESSRO1 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.**

A1.17. If you have any problems completing the form or have any questions that are not addressed in this guidance, please contact your Performance Manager.

### Customer Tracker Document (DWP SES1)

A1.18. If the referral is from a DEA or JCP Specialist Adviser you will receive the Customer Tracker Document from JCP/DEA.

A1.19. If your potential participant is introduced by an SRO, the tracker document will not be received from JCP as the eligibility for the programme is determined by you, the Provider.

A1.20. In this case you must generate and complete the Customer Tracker Document, and put "SRO referral" in the '**SES is suitable because**' box on the form.

A1.21. Send the forms to the JCP SPoC and copy to the SES Policy inbox  
[SES.POLICY@DWP.gsi.gov.uk](mailto:SES.POLICY@DWP.gsi.gov.uk)

Customer/Claimant Tracker Document – Specialist Employability Support Provision	
<b>Part 1 – Work Coach details</b>	
Work Coach Name	
Work Coach Email Address	
Universal Credit Return Email Address	<a href="mailto:Universalcredit.servicecentre@dwp.gsi.gov.uk">Universalcredit.servicecentre@dwp.gsi.gov.uk</a>
<b>Part 2 – Customer/Claimant Details</b>	
Customer/Claimant Name	
NINO	
<b>Part 3 – Eligibility Criteria</b>	
Customer/Claimant considered disabled under the 2010 Equality Act definition and:	Yes / No
<ul style="list-style-type: none"> <li>• Unsuitable for any other available provision</li> <li>• Suitable for SES</li> </ul>	
Have you worked through the Decision Tree to support your referral for SES Provision?	Yes / No
<b>Part 4 – Work Coach Actions / Referral Details</b>	
Date of initial assessment with provider	dd/mm/yyyy
Name of provider and address of initial assessment location	
Referral made to Initial Assessment?	Yes / No
Universal Credit supporting documents completed? (UCPR1)	Yes / No / N/A
<b>Part 5 – Outcome of Initial Assessment (Provider to complete)</b>	
Provision start recommended	Yes / No (If yes complete Part 6, if no

	complete Part 8)
<b>Part 6 – Recommended Provision (Provider to complete)</b>	
Provision strand recommended	Start Back / Main Provision (Select one)
Start Date	
Anticipated end date	
PO number of IA	
<b>Part 7 – Advisor actions (JCP Advisor to complete)</b>	
Referral made to recommended provision?	Yes / No
<b>Part 8 – Provision Not Recommended (Provider to complete)</b>	
Reason customer/claimant not recommended for provision	
<b>Part 9 – Leaver information (Provider to complete either A or B)</b>	
A) Customer/Claimant has left provision early, reasons why and date left	
B) Customer/Claimant has completed provision, date left, follow up actions /recommendations	

## Chapter 10 Payment Validation

### PRaP 11 SCR Form

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/545956/ses-prap11ses-scr.xls](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545956/ses-prap11ses-scr.xls)

### PRaP 11J Annex Form

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/545951/ses-form-prap11j.xls](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545951/ses-form-prap11j.xls)