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| **ESF1420 Outside Claim Limit Notification** |
| Section 1 – Provider Information (to be completed by the Provider) |
| Provider Name: |  |
| Contract Number: |  |
| Name of Contact: |  |
| Date of form Submission: |  |
| Section 2 – Details of Claim (to be completed by the Provider) |
| Outcome Type |  |
| PRaP Referral Number/ PO Number |  |
| ERS Number |  |
| Please supply the reason for submitting your claim outside of the claim limit. |  |
| Please submit your notification using the details below |
| Email Address | PPVTSHEFFIELD.VALIDATION@DWP.GOV.UK  |
| Subject Heading | ESF1420 Outside Claim Limit Notification |
| Section 3 – Outcome (to be completed by DWP) |
| Decision: |  |
| Additional Notes (if applicable): |  |