

Withdrawn

This publication is withdrawn.

This publication is no longer current. Providers should use the [Work and Health Programme \(including JETS\) provider guidance](#) instead.



European Union
European
Social Fund



In
partnership
with

**Department
for Work &
Pensions**

Work and Health Programme provider referral form

Part 1 – Provider details

Provider name

Contact name

Address

Postcode

Phone number

Email address

Part 2 – about the customer

Surname

All other names

Date of birth, DD MM YYYY

National Insurance Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Address

Postcode

Phone number

Email address

Provider to add **No email address not applicable** in this field if there is no email address.

Part 2 – about the customer continued

Preferred method of contact

Does the customer have the legal right to live and work in England and Wales?

No

Yes

If the answer to the above question is **No**, then the customer is not eligible. **Please do not refer this form.**

Is the customer of working age (16 in Wales and 18 in England)

No

Yes

If the answer to the above question is **No**, then the customer is not eligible. **Please do not refer this form.**

Is the customer doing any form of employment, including zero hours contracts?

No

Yes

Has the customer advised that they have attended Work and Health Programme previously, or are they currently participating in any other training or provision?

No

Yes

If the answer to either of the above questions is **Yes**, then the customer is not eligible. **Please do not refer this form.**

Part 3 – Work and Health Programme eligibility

The customer must meet either Q1 or Q2. If the answer to Q1 is **No** and no selection is made in Q2, then the customer is not eligible. **Please do not refer the form.**

Q1. Has the customer declared a current disability as defined in the Equality Act 2010?

That is, they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities. This decision should not be regarded by others as proof that the named person would meet the definition if tested in a court of law.

No

Yes

Q2. Does the customer satisfy the early access criteria? Please select one or more relevant group.

| | |
|---|--------------------------|
| Ex-offender (someone who has completed a custodial sentence or a community sentence) or offender (someone who is serving a community sentence) | <input type="checkbox"/> |
| Carer | <input type="checkbox"/> |
| Ex-carer | <input type="checkbox"/> |
| Homeless person | <input type="checkbox"/> |
| Former member of Her Majesty's (HM) Armed Forces | <input type="checkbox"/> |
| Member of the HM Armed Forces reserves | <input type="checkbox"/> |
| Partner of current or former HM Armed Forces personnel | <input type="checkbox"/> |
| Person for whom a drug/alcohol dependency, including a history of, presents a significant barrier to employment | <input type="checkbox"/> |
| Care leaver | <input type="checkbox"/> |
| Refugee | <input type="checkbox"/> |
| Young person in a gang | <input type="checkbox"/> |
| Victim of domestic violence | <input type="checkbox"/> |

Part 4 – Work and Health Programme provider declaration

I confirm that I have checked the form in full and have ensured all relevant fields are completed correctly.

I confirm that I have checked details at Parts 2 and 3 with the customer and they are correct.

Signed, provider

Full name

Job title

Date, DD MM YYYY

Part 5 – Customer declaration

Before agreeing to this form being signed please ensure you have read and understood the **Important information for the customer** section on page 4.

I declare the information given is correct.

I understand that the information I have provided on page 4 will be used by the Department for Work and Pension's (DWP) to consider me for Work and Health Programme. This information may be used by DWP and Work and Health Programme providers in connection with the Work and Health Programme and as explained in the section **How we collect and use information** on **page 4**.

DWP treats personal information carefully. We may use it for any of our purposes, to learn more about information rights and how we use information please see our **Personal Information Charter**

www.gov.uk/government/organisations/department-for-work-pensions/about/personal-information-charter

Customer signature

Date, DD MM YYYY

The customer must agree when you complete this interactive PDF and type in their signature.

Please keep a record of whether the form was completed face-to-face or by other means.

You must offer the customer a copy of the completed form.

You must retain the original and send the PDF form by unencrypted email to the designated DWP email address provided to you.

Important information for the customer

How DWP collects and uses information

When we collect information about you we may use it for any of our purposes. These include:

- social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy and
- retirement planning

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services. We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, please visit www.gov.uk/dwp/personal-information-charter