**Please note that this form may be shown to the participant**

**JSA603 – Failure to participate in the Restart Scheme – (JSA Participant)**

Date the participant failed to undertake the mandated activity/appointment

**Part 1 Participant details**

1 Name

2 National Insurance number

3 Date of birth

4 Telephone number

 5 Address the Mandatory Activity Notification (MAN) was sent to (including post code)

**Part 2 Mandatory Activity Notification (MAN) details**

1 Date MAN issued to the participant

2 Method of issue

3 Date of the mandatory activity/appointment

4 Time of the mandatory activity/appointment

 5 Provide full details of the mandatory activity/appointment

**Part 3 Details of the mandatory activity/appointment the participant failed to undertake (Select ‘Yes’ or ‘No’ as appropriate)**

1 Did the activity/appointment the participant was required to undertake satisfy any restrictions notified to you by JCP [ ] Yes [ ] No

2 Is participation on the Restart Scheme mandatory? [ ] Yes [ ] No

3 Was the required activity/appointment reasonable taking into account the participants circumstances? [ ] Yes [ ] No

4 Have you made other non-mandatory attempts to set this activity before mandating the Participant to undertake this activity? [ ] Yes [ ] No

5 If you have tried, but failed to see the participant face to face, please explain in detail what actions you have taken (for example a timeline of methods of attempted contact, name of advocate or representative contacted etc.)

**Details of action taken**

**Part 4 Re-arrangement details (if applicable)**

1 Did the participant try to re-arrange the mandated activity/ appointment before the date/time of the original mandatory activity/appointment?

2 If **Yes**, did you agree to re-arrange?

3 If **Yes**, provide full details of the new mandatory activity/ appointment included in the new MAN

4 If **No**, explain why you did not allow the participant to re-arrange the original mandated activity/appointment.

**Part 5 Non-participation details**

**Statement from adviser or tutor**

Provide details below of exactly how the participant failed to undertake the mandatory activity/appointment.

1 How did the participant fail to undertake the mandatory activity/appointment?

 2 Provide full details

**Part 6 If the participant volunteered information as to why they failed to undertake the mandatory activity/appointment, please provide details below**

**Part 7 Any other information**

 **Part 8 Provider details and declaration**

I confirm that the above is a full and accurate statement. [ ]  (tick to confirm)

1 Name of adviser or tutor

2 Date

3 Prime Provider Email address to which the decision should be sent

 4 Correspondence address to which queries/decision should be sent if email is not appropriate

5 Telephone number

 6 Name and address (including postcode) of provider

 7 Name of Prime provider

8 Name of sub-contractor, if appropriate.