# **Access to Work Mental Health Support Service Supplier Generated Candidate Form**

# **Provider Name:**

## **Eligibility**

|  |  |
| --- | --- |
| **Is the customer over 16 years old?** **(Delete as appropriate)** | **Yes or No**  |
| **Does the customer live in Great Britain?** **(Delete as appropriate)** | **Yes or No**  |
| **Does the customer have a mental impairment that has a substantial and long-term negative effect on their ability to undertake daily activities?****(Delete as appropriate)** | **Yes or No**  |
| **If not, does the customer have a mental health condition that impacts on their ability to work?** **(Delete as appropriate)** | **Yes or No**  |
| **If employed, is the customer paid according to National Minimum Wage requirements?****(Delete as appropriate)** | **Yes or No**  |
| **Is the customer receiving Incapacity Benefit, Employment and Support Allowance or Income Support?****(Delete as appropriate)** | **Yes or No**  |

## **Customer Details**

|  |  |
| --- | --- |
| **Title** |  |
| **First name(s)**  |  |
| **Surname**  |  |
| **National insurance Number**  |  |
| **Date of birth**  |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Home address** |  |
| **Post code**  |  |
| **Home phone**  |  |
| **Mobile phone**  |  |
| **Email address**  |  |
| **Preferred contact method**  |  |
| **How did you hear about the service?****(Delete as appropriate)** | 1. **DWP (Case manager referral, Job Centre Plus)**
2. **Employer**
3. **Social media/advertising**
4. **Word of mouth**
5. **Other**
 |

## **Job Details**

|  |  |
| --- | --- |
| **Job title** |  |
| **Start date**  |  |
| **Unique Tax Reference number (UTR) if self-employed**  |  |
| **Employer**  |  |
| **Employer contact (if given)**   |  |
| **Size of employer** **(Delete as appropriate)** | **Small:1- 49 employees****Medium:50 - 249****Large: 250+ employees**  |
| **Employment sector** **(Delete as appropriate)** | **Public sector / Government / Private / Charity**  |
| **Work address**  |  |
| **Work post code**  |  |
| **Hours worked per week**  |  |
| **Working pattern (e.g. Mon to Fri 09:00 – 17:00)**  |  |
| **Currently attending work****(Delete as appropriate)** | **Yes or No**  |
| **Brief job description, including details of duties**  |  |

## **Mental Health condition or Issue**

|  |  |
| --- | --- |
| **Customer’s condition**  |  |
| **Effect that the customer’s condition has on their ability to do their job** |  |
| **Any specific tasks or responsibilities the customer cannot undertake** |  |
| **Any relevant information regarding employer support around mental health and the customer’s relationship with their employer** |  |
| **Any other useful background information regarding their work situation** |  |
| **Is the customer receiving any other mental health support? If yes, please provide details****(Delete as appropriate)** | **Employee Assistance Program** **NHS Talking Therapies** **Other NHS Service** **Private Healthcare** **No**  |

# **End of document**