# **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**